

THE
Chicago Medical Journal.

A MONTHLY RECORD OF

Medicine, Surgery, and the Collateral Sciences.

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VOL. XXVII.—SEPTEMBER, 1870.—No. 9.

Original Communications.

ARTICLE I.—*Uterine Fibroid of the Posterior Wall Successfully Removed.* By A. REEVES JACKSON, M.D., Chicago, Ill.

Mary Ann E., the subject of the following case, aged twenty-four years, unmarried, applied Sept. 10, 1869. With the exception of some unimportant dyspeptic symptoms, which appeared two years ago, her health had always been good until within the past seven months. In February last she observed that the menstrual discharge, which had commenced at the age of fourteen, and had always been regular and painless, was more profuse and of longer continuance than ever before. With each succeeding period this symptom of excess became more marked, so that latterly the flow continued about two weeks, being abundant throughout, and followed by an interval of equal length of time during which the patient had leucorrhœa. Under this drain she became greatly anemic, and her health rapidly declined—this being more especially observable during the past four or five weeks. Two months ago—early in the month of July—she became conscious of an

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enlargement of the lower part of the abdomen, and, as about the same time she commenced suffering from symptoms of irritable bladder, she attributed her increased size to disease of that organ. Locomotion had at no time been interfered with; indeed, as far as her failing powers would permit, she had continued to assist in ordinary household duties. The bowels were habitually constipated, and the appetite greatly impaired.

An external examination of the abdomen revealed the presence of a tumor occupying the epigastric region—freely movable from side to side, hard, globular, smooth, and about the size of the gravid uterus at the fifth month. By the touch, combined with external palpation, the cervix uteri was found to be of normal density, somewhat enlarged and low down in the pelvis; the os uteri was circular, well-defined and sufficiently patulous to admit the extreme tip of the finger. The upper part of the pelvic cavity was occupied by a hard, smooth, inelastic body. With some difficulty I introduced a probe to the depth of four inches into the cavity of the uterus, which was then found to move consentaneously with the tumor. The sound passed in front of the latter and was distinctly perceptible through the abdominal and uterine walls. A flexible male catheter was subsequently introduced as far as seven and a half inches. A fibrous tumor of the womb having been diagnosed, its removal, if practicable, was decided upon. Proceedings for this purpose were accordingly commenced Sept. 13th.

A sponge tent was introduced into the cavity of the cervix, and allowed to remain twenty-four hours. On its removal I was enabled to insert the index finger a little beyond the first joint, but could not reach the tumor. A second and larger tent was therefore introduced and permitted to remain twelve hours. This was withdrawn on the morning of the 15th, at which time the cervical canal was found so well dilated that the finger readily penetrated the os internum, from just above which point I could distinctly feel the tumor starting from the posterior wall with which it was intimately blended. A hand applied at the same time to the abdomen, and a finger subsequently inserted into the rectum, enabled me to gain a very clear idea of its size, shape, position, and degree of mobility.

Menstruation having occurred on the evening of the 15th, all treatment of a local character was suspended until Oct. 2nd.

On the morning of that day the cervix was exposed by means of a Sim's speculum, and the anterior lip having been fixed by the insertion of a tenaculum, the lateral walls of the cervix were cut through quite up to their vaginal attachments. The operation was attended by some hæmorrhage, which soon ceased. A medium sized trocar, its point guided by the finger, was then pushed directly into the substance of the tumor, the direction given to the instrument being upwards and forwards. This operation was painless and almost bloodless, only a few drops following the withdrawal of the instrument. The patient was now ordered to take 10 gr. Pulv. Ergotæ every two hours.

Oct. 3rd. 7 P. M. Has had pain during the day. The cervix uteri is quite soft, and is enlarging above the incision. Dr. Isaac Ott is kind enough to see the case with me, and with his assistance I push the trocar into the lower part of the tumor about two inches, giving to the instrument a different direction from that of yesterday. To continue the Ergot.

Oct. 4th. 10 A. M. The Ergot has produced so much nausea that I am obliged to order its discontinuance. The os uteri has not changed since yesterday.

7 P. M. There has been during the day a little discharge of a grayish substance, thin and bloody.

Oct. 5th. This morning I introduce a bistoury carried flat-wise against two fingers through the internal os uteri, and make an incision into the capsule of the tumor about two inches long and an inch deep. A considerable gush of blood follows the operation, but it soon ceases.

Oct. 6th. There has been some oozing of blood since the operation of yesterday, accompanied by the peculiar gray discharge previously mentioned. The os and cervix are but little changed, although the lower part of the tumor is evidently softening.

Oct. 7th. Incise the capsule of the tumor again to-day, making a cut about three inches long and an inch in depth, the operation being followed by a copious discharge of blood which ceases in a few minutes.

Oct. 8th. To-day I introduce a small uterine gauge through

the os internum, and, engaging it in the incisions previously made, lacerate the substance of the tumor in various directions.

Oct. 9th. The patient has had much pain during the night and this morning, and has no appetite; tongue coated; pulse 104; tenderness in hypogastric region. The lower portion of the tumor is now quite soft, and there is present an almost constant discharge of grayish matter mixed with blood. Conclude to suspend further operative measures for the present, under the impression that the natural powers will now be sufficient to cast off the growth. In the meantime order the adoption of such tonic and dietetic means as will be most likely to sustain the patient through the ordeal. As the discharge is very offensive the utmost attention to cleanliness is enjoined, and the patient advised to syringe the vagina three or four times a day with a solution of permanganate of potash.

Oct. 15th. The general condition of the patient has much improved. Her appetite is better; tongue clean; pulse 90, soft and full. The bloody grayish discharge continues, and has been daily growing more abundant. The os uteri is open to the size of a silver half-dollar, and is filled with a soft decomposing mass.

Oct. 20th. To-day portions of the softened tumor commence passing away. The patient complains of pain, and the discharge is very abundant and very offensive.

Oct. 21st. Succeed to-day in removing a large portion of the tumor by means of the fingers. Shreds and small masses with copious fluid discharge, all highly offensive, are continually passing off. The general health of the patient is failing. She has no appetite; indeed, expresses the greatest loathing for food. Her pulse is now 120, small, quick and sharp; tongue dry and brown. Still she is not despondent, and has the most sanguine hopes of a favorable issue. Order beef-essence and milk-punch, cleanliness, disinfectants, and free ventilation of her apartments.* Deeming it important to hasten the discharge of the remainder of the mass, I order to be given a teaspoonful of fluid extract Ergot

* This patient, in common with many others that I have seen, could not abide the use of *Carbolic Acid*, for the reason—in which I fully coincide—that its odor is vastly more unpleasant and unenduring than most of those which it is used to mask and neutralize.

every two hours, with the view of completing its detachment from the uterine walls.

Oct. 22nd. Am summoned at a very early hour this morning to see my patient (six miles distant) whom I find suffering intense pain, the effect, doubtless, of the action of the Ergot. Find on examination a large portion of the tumor protruding through the os uteri, and at once remove it by means of the fingers. Its texture is now so soft, however, that it gives way on the application of the least force, and after making several vain attempts to pass the fingers above it and thus scoop it away, I am reluctantly compelled to defer the removal of the remainder until I can provide myself with more adequate instruments. Discontinue the Ergot, and give a full dose of Morph. Sulph.

4 P. M. She feels easier. Find another portion of the tumor filling the widely dilated os uteri. Remove as much of it as possible by means of the fingers, and then, by means of the placenta forceps, aided by the finger, I succeed in removing the balance of the growth—a mass somewhat larger than a hen's egg.

From this time onward the patient improved steadily. The discharge of small shreds, together with the characteristic grayish sanies, continued more than a week, diminishing in quantity, however, day by day. Her general condition became rapidly better. On the 24th of November—one month subsequent to my last visit—she reported herself at my office entirely well. The womb had nearly regained its normal size, and the last menstrual period had occupied but four days. Her appetite was excellent; the red color was returning to her lips and cheeks, and she had gained twelve pounds in weight.

REMARKS. Not many years have elapsed since it was the common belief that uterine tumors, such as the foregoing, were unamenable to surgical treatment. Indeed, even now, when the results of the numerous operations by Atlee, of Philadelphia, Baker Brown and other idol-breakers are before us, many surgeons not otherwise especially conservative are disposed to regard recoveries after such operations rather in the light of escapes from imposed peril than legitimate results of scientific surgery. Pedunculated growths, it is admitted, are quite proper subjects for removal; but those of an interstitial character and those having

sessile attachments, although of precisely the same nature, productive of the same symptoms, as effectual in causing hæmorrhage and destroying health, must be let alone—for it almost amounts to that—to do their work of killing, and why? The reasons assigned for this non-interference are threefold. We are told that

1. Fibroid tumors of the uterus are frequently multiple, and although the prominent one may be removed, the reasonable effect of the operation will be to excite activity and rapid growth in the others; hence, the patient will not be permanently benefited.

2. The operation is a hazardous one, and may in a few hours or a few days deprive a patient of life which might otherwise be protracted for years.

3. Tumors of this class have occasionally been known to disappear after the menopause, or even before, by a spontaneous process of absorption, inflammation or calcification.

With regard to the first of these statements it seems only necessary to say that, granting its entire correctness, the fact admitted affords no good reason why we should abstain from operating in any case where it is otherwise proper to do so. Surely it would be an anomaly in surgical practice to decline removing a portion of necrosed bone for the reason that the disease might subsequently involve another portion of the same bone. And what surgeon would consider himself justified in refusing to cut down upon and tie a bleeding artery, or to operate for stone in the bladder, because in the one case there might be secondary hæmorrhage, and in the other a recurrence of calculous disease? Yet it seems to me that the cases are so nearly parallel that, in order to be consistent, those who advocate and practice operative measures in these latter classes, cannot advise the withholding of them in those in question.

Besides, although it is true that in some instances there are more than one fibrous tumor present in the same womb, yet the rule undoubtedly is that they are solitary; and the cases of recurrence after removal are far too few in number to enable any one to say that such a contingency should be the slightest bar to operation.

That the operation for the removal of interstitial or sessile uterine fibroids, whatever may be the mode adopted, is exceedingly

dangerous, I am quite free to admit. But the knowledge of this fact should do no more than admonish us to exhaust other means that have been recommended and used for the purpose of checking the growth, controlling the hæmorrhage and relieving the pain and other local effects of the neoplasm, *provided it is safe to do so*, before resorting to it. It should not in any case be a reason for declining to operate. So long as the tumor is quiescent or of slow growth, and the hæmorrhages resulting from its presence are slight or so far controllable as to enable us to prevent them from producing dangerous exhaustion, just so long is an operation for its removal safely and therefore properly abstained from. But when this is not the case—when repeated hæmorrhages and pain have so exhausted the patient as to jeopard her life,—and when, as is commonly the case where the growths have attained any great size, the assiduous use of proper means have failed to relieve—then I hold that the surgeon is as much bound to operate as he is to perform craniotomy or the Cæsarian section in certain cases of deformed pelvis, having regard wholly to the end in view and not to the possible danger of the means used.

In the case of Miss E. the course here designated was not pursued. There was no delay whatever. When the nature of the disease was ascertained, and its usual course and the probable effect of remedies pointed out to her, she at once elected to have radical measures resorted to, preferring to assume the risks of the operation with the prospect of cure, to the certainty of many months or years of invalidism with the probable necessity before her of a final resort to an operation under more unfavorable conditions. This determination receiving the sanction of her friends the question was settled.

It is generally conceded that the various remedies that have been advised for the purpose of producing absorption of these morbid growths, are at least unreliable, if not indeed useless. Thomas (*Diseases of Women*, p. 421,) says, "Tumors have in certain instances been known to disappear while drugs have been employed, and perhaps they did so in consequence of their use. But no such effect can be looked for with any confidence. Indeed, with our present experience, such a result must be regarded as decidedly exceptional." Scanzoni says, "We do not remember a single case in which, with the means indicated, we have obtained

the complete cure of a fibrous body." And so say all those who have given attention to the subject. Each writer, while expressing his want of faith in the efficacy of Iodine, Iodide and Bromide of Potassium, Mercury, Muriate of Ammonia, etc., yet recommends their use. And such advice and such practice are proper enough, I repeat, so long as it is safe to temporize with the patient, because each experimenter usually desires to ascertain for himself the usefulness or uselessness of a remedy. For this reason, and because, also, some observers have thought they found much benefit follow their employment, trial may be given of any of the articles enumerated above for weeks or months together unless urgent symptoms—hæmorrhage more especially—make manifest to us that further delay is dangerous.

A favorite remedy with Dr. Atlee in these cases is the Muriate of Ammonia in doses of 10 gr. three times daily. I can bear testimony to its apparent efficacy in one case in which, by the advice of that gentleman, I used it in conjunction with the external use of Iodine.

The patient, a married lady, aged 45, had never borne children. Had menorrhagia the last three years. During the past year had seldom been free from a dark bloody discharge, sometimes watery and unusually offensive. A well-defined tumor occupied the whole of the right hypochondriac region, extending from the crest of the ilium to an inch and a half above the umbilicus. It was irregularly globular, hard, nodulated, and movable. The sound, passed through a small circular contracted os, entered the uterine cavity to the depth of four and a half inches, and motion then applied to the growth was distinctly transmitted to the instrument, and *vice versa*. Dr. Atlee saw the case in consultation, and diagnosed fibrous tumor of the uterus. The treatment consisted in the administration of Ammon. Murias. gr. x, three times a day, and the daily application externally of the Ungt. Iodini Comp. This treatment was persevered in more than a year, during which time the hæmorrhages ceased entirely, the patient regained her general health, and there was a very sensible diminution in the size of the tumor. Treatment was discontinued in the Spring of 1864, and the patient continued well until within a few months. Quite recently I learned that the tumor had again enlarged and that hæmorrhage had reappeared. Since that time I have made

use of the remedy in a number of other cases of the same character, but without being able to perceive that it exerted any influence in controlling any of the symptoms.

Mr. T. Spencer Wells thinks that the use of the Chloride of Calcium has a tendency to produce a condition of atheroma or calcification in the nutrient vessels of these growths, and that thus the size of these latter may possibly be lessened, or at least that their presence may be made innocuous. I have never made use of the remedy, and cannot therefore speak of its merits from personal experience, but coming to us, as it does, with the indorsement of such high authority, it is deserving of consideration and trial.

No. 1026 Wabash Ave.

ARTICLE II.—*A Statistical Report of Diseases of the Ear.*

By E. L. HOLMES, M.D., Professor of Ophthalmology and Otology, Rush Medical College, Surgeon to Chicago Charitable Eye and Ear Infirmary.

(Read before the State Medical Society, at Dixon, May, 1870.)

The treatment of diseases of the ear, as also of the eye, has fallen, almost entirely, into the hands of specialists, wherever patients can obtain their services.

The chief cause of this is undoubtedly found in the fact that physicians seldom become interested either in the study or treatment of these diseases.

So far is this true, that scarcely a single man of eminence, as far as I know, in Europe or America, engaged in general medical and surgical practice, is willing to express a decided opinion in severe or obscure cases of diseases of the eye or ear.

Ophthalmology and Otology have, therefore, almost from necessity, become emphatically special departments of medicine and surgery.

I have, at previous meetings of this society, expressed my opinions as to what extent the oculist should be a thoroughly educated physician; and to what extent general practitioners, not residing in large towns, should comprehend the theory and practice of ophthalmic medicine.

What I have said regarding ophthalmology may be said, I believe, regarding aural science. The physician upon whom alone a community can depend for aid and council in disease, should be able to give relief in a large proportion of acute cases of aural disease.

Although certain classes of aural diseases are exceedingly obscure, there are many others which require comparatively little study and clinical experience to enable the practitioner to render inestimable service to his patients. There is no excuse for ignorance of this class of cases, in the general practitioner.

As compared with the literature of ophthalmology, that of otology is exceedingly limited. Hence there is less excuse, if possible, for the practitioner in neglecting the simple and practical portions of this department.

The number of persons in every community affected with diseases of the ear is by no means small. I think it is well established, that of the aggregate number of patients requiring medical aid, about one-twelfth suffer from some disease of the eye. The reports of different infirmaries present a variable proportion of cases of ear diseases. I think, however, that the average proportion of patients with aural diseases is about one-fifth of the number of patients with diseases of the eye.

In my own experience during fourteen years in private and hospital practice, the aggregate number of eye cases has been 8,982; of ear cases, 1,735. Of this number 1,076 were treated in private and 659 in dispensary practice. I have observed that relatively a less number of indigent patients were affected with diseases of the ear than of the eye.

In the following table the cases are arranged in accordance with the diagnosis, recorded in my daily journal. The modern system of classification is somewhat different from that adopted by some authors a few years ago. In a very large number of instances the cases were recorded without true scientific classification, as, for example, in cases of very long duration, where the chief objective symptoms were found to be otorrhœa and perforated membrana tympani, with more or less excoriation of the external meatus; for example, also, cases of very long duration in which there was found to be simply perforation without otorrhœa.

I have never observed a single case in which I was confident

symptoms of inflammation were confined to the membrana tympani alone, independent of disease of the middle ear or external meatus.

TABLE OF DISEASES OF THE EAR.

Perforation of Memb. Tympani—Otorrhœa, - - - -	321
“ “ “ without Otorrhœa, - - - -	17
Polypus Auris, - - - - -	27
Chronic Inflammation—External Meatus, - - - -	71
Acute Inflammation, External Meatus and Memb. Tympani, - -	42
Furuncle of External Meatus, - - - - -	31
Caries of External Meatus, - - - - -	2
Accumulation of Cerumen, - - - - -	143
Exostosis of External Meatus, - - - - -	2
Foreign Bodies in External Meatus, - - - - -	17
Burn of Auricle and External Meatus, (lime, melted iron, etc.) -	8
Eczema of Auricle and External Meatus, - - - - -	31
Tumor of Auricle, - - - - -	4
Frost Bite of Auricle, - - - - -	3
Injury of Auricle, - - - - -	7
Echymosis of Auricle, - - - - -	3
Congenital Deficiency of Auricle and External Meatus, - -	3
Mastoid Abscess, - - - - -	4
Caries of Mastoid Process, - - - - -	2
Maniere's Disease (?), - - - - -	2
Chronic Inflammation, Middle Ear, - - - - -	796
Acute “ “ “ “ - - - - -	57
“ “ “ “ and Labyrinth—death, - - - -	2
Abnormal Acuteness of Hearing, - - - - -	1
Tinnitus, (no apparent cause), - - - - -	3
Deaf Mutes, - - - - -	38
Total Deafness, (Disease of Labyrinth—Auditory Nerve,) - -	23
Deafness, (Syphilitic Disease,) - - - - -	3
Calcareous Deposits in Memb. Tympani, - - - - -	3
Unclassified, - - - - -	68
Total, - - - - -	1,735

ARTICLE III.—*Hydrate of Chloral.* By JAS. C. BASCOM, M.D., McLean, Ill.

For the last four months I have been using Hydrate of Chloral in my practice, and in nearly every instance with success. The indication for its use has been, with me, when Opium was indicated. The dose has been varied, according to the circumstances, the amount of pain, the character of the pain, etc. In common nervous headache, 10 grs. have almost invariably procured calm, natural sleep in ten to twenty minutes, lasting from one hour to all night—patient waking refreshed and well. In neuralgia, from 20 to 40 grs., in 10-gr. doses, every half-hour or hour, until sleep was produced. In severe cases of neuralgic rheumatism, gout, or inflammatory rheumatism, requiring from 20 to 40 grs. to procure a night's rest. In hysteria, 30 grs., to arrest the paroxysm and procure sleep. In delirium tremens, 2 drachms before sleep was induced. Acts finely in chorea, in all manner of nervous and spasmodic diseases, also whenever desirable to relieve pain of whatever character, I have used it, and generally with good results, and in no instance with any serious evils. When given in very large doses, protracted sleep was the result, and for two or three days a dull, drowsy sensation, but, with its effects, all untoward symptoms passed off. In one instance, I gave 10 grs. to a woman in the second stage of labor, a primipara, pains very frequent, os rigid, woman restless and very much fatigued; the effect was to procure twenty minutes quiet sleep, at which time the pains began to recur lightly, and in one hour were stronger than before. I thought I lost an hour, but *perhaps* saved the woman from convulsions. From my experience with Chloral, I consider it a very great acquisition to our list of remedial agents.

Original Translations.

ARTICLE I.—*Experimental Physiology.* Experimental Investigations relative to the Directions of Rotary Movements due to Unilateral Encephalic Lesions. By Dr. J. L. PREVOST, Member of the Biological Society.

[Continued from the August Number, 1870.]

The two ocular globes being turned habitually from the right side, the two sclerotics being apparent from the left side of the animal, although the dog could carry his two eyes to the left but with less power than to the right, there were slight nystagmic movements in the two eyes.

The right pupil was more dilated than the left, but they were both contractile under the influence of light, and they were both equally dilated by a solution of atropine.

When food was presented to the animal and placed at his left he did not see it; when, on the contrary, placed at his right he saw it readily and seized it. I, at first, suspected hemiopia; but after repeated examination of both eyes, became convinced that he saw well with the right eye, and that vision was, on the contrary, abolished in the left. Indeed, by closing the right eye of the animal and threatening the left with the finger, no reflex movements were induced so long as neither the cornea nor the lid were touched. The same experiment tried upon the right side resulted differently, and the dog winked at the slightest movement of the finger which threatened him. By an ophthalmoscopic examination I discovered no lesion of the left eye, the appearance of the bottom of the eye was similar on both sides. The dog has continued a rotary movement from left to right; but he does not execute it constantly, when he wishes to walk, as in the first days. When the animal has a strong desire to direct his steps toward an object, as when food is placed at a certain distance from him, he advances straight toward it, when, without any apparent cause for the phenomenon, he executes a rotary movement from left to right, sometimes several, resumes his direct advance, then frequently again performs the same evolution once or twice before

reaching the object; sometimes, on the contrary, he reaches it directly.

When the animal is left to himself in the apartment, and walks without any direct object, he turns almost constantly, spirally, (*en manège*) from left to right. When he eats, and when he is placed before the vessel which contains his food, he executes from time to time spiral turns, always in the same direction.

When a morsel of food is placed very near the left side of his muzzle, in place of turning his muzzle slightly to the left to seize the prey, he prefers to execute a spiral movement to seize the food as he meets it in the course of the movement. This tendency to rotary movement to the right is very manifest when by causing the dog to follow one, he is made to pass circularly around the room. When the circuit or grand spiral is made from left to right the animal has no difficulty in following it, however he finds himself compelled to execute from time to time what horsemen would term a turn to the right, then he continues upon the grand spiral. It is only with the greatest difficulty that the animal traverses a great circle from right to left, around the apartment; he increases the frequency of his turns, or springs to the right, and he can rarely accomplish the circuit of the apartment.

This involuntary impulsion into the rotary movement, from left to right, becomes still more remarkable when the animal attempts to go up or down stairs; he advances at first directly, ascends several steps, then hesitates, apparently resisting an invincible force which compels him to execute his spring to the right; he sometimes resists but often yields; he acts then cautiously, in order not to roll down stairs, which sometimes happens to him; often he groans and manifests his impatience at being obliged to yield to the impulse which forces him to turn.

It is not the loss of the left eye which directs the animal; for the same phenomena are produced when the right eye is closed, or even when a handkerchief is placed covering the two eyes.

These symptoms continued up to the day when the animal was killed; however, during the latter part of the time the tendency to rotation seemed to have slightly diminished, and the dog in advancing directly executed the spiral movements less frequently.

I had the opportunity to observe this dog for a long time, and to determine on several occasions the interesting phenomena which

I have deemed it my duty to give in detail, as possessing much importance, in regard to the theory of rotary movements. I have demonstrated them to the members of the Biological Society, before which I exhibited this dog at two different epochs, before and after his complete cure, and I moreover exhibited to the Biological Society the cerebral lesions found after his death.

This dog was killed the 18th of January, 1867.

Necropsy. Nothing in the meninges, except a slight circumscribed adhesion of the dura-mater to the right hemisphere at the seat of the wound of the brain.

Right hemisphere. A little triangular wound was observed situated upon the sphenoidal lobe, at the anterior margin of the fourth convolution, counting from the interhemispheric fissure, and upon the portion of this convolution which extends anteriorly beyond the third convolution, which is shorter than the fourth. In penetrating deeply, the instrument passed the inferior portion of the right corpus striatum, leaving the optic thalamus on its inner side. It traversed in its external portion the right optic tract, of which about half the thickness was lacerated. Then, penetrating obliquely into the superior portion of the right cerebral peduncle, the gimlet traversed this peduncle step by step, and escaping at the base of the brain, a little below the tubercula mammillaria, was stopped probably by the bone, which bore no trace of injury.

The point of emergence of the instrument forms a little rounded wound about one millimetre in diameter, and distant from the adjacent parts as below:

Distance from the inferior portion of the mammillary						
tubercles,	-	-	-	-	-	1½ millimeters.
Distance from the inter-peduncular line,	-	-	-	-	-	3 "
" " " external line of the right peduncle,	-	-	-	-	-	8 "
" " " superior portion of the protuberance,	-	-	-	-	-	8 "

The trace of the wound is more or less anfractuous, its walls are reddish, slightly yellowish in portions, and are formed of cerebral substance mixed with blood and degenerated.

Microscopic examination detected in these portions of the debris, nervous elements, a large number of granular bodies, some of which are formed by simple agglomeration of fatty granulations,

whilst others present an envelope, a nucleus, and a nucleolus.* There is, moreover, a very rich proliferation of nuclei of vessels, and an incipient formation of an interstitial cellular network, and a very few globules of hæmotosine.

The left hemisphere, the tubercula quadrigemina, and the other portions of the brain, were healthy.

The two eyes were examined, and presented no alteration.

It was not possible to determine, either with the naked eye or by microscopic examination, degeneration of the right anterior pyramid, nor of the opposite half of the cord.

WOUND OF THE RIGHT HEMISPHERE, EXTENDING TO THE EXTERNAL PORTION OF THE CORPUS STRIATUM; FORMATION OF AN ABSCESS IN THIS COURSE; ROTATION OF THE HEAD AND OF THE EYES TO THE RIGHT; VERY MARKED REVOLUTION FROM THE LEFT TO THE RIGHT.

Exp. II. Small adult bitch, of the terrier breed.

On the 6th of December, 1867, I perforated with a gimlet, having a diameter of two to three millimetres, the cranial vault of the right side, and buried the instrument to a certain depth in the cerebral substance: no symptom followed.

I effected a new perforation at a little distance from the first, and I buried still more deeply the instrument in the right cerebral hemisphere.

Immediately the animal commenced to turn from left to right, a spiral movement with a short radius. The head was slightly inflected upon the axis of the neck, the vertex being directed from the left side of the animal, and the left eye being upon a lower plane than the right; the muzzle, on the contrary, was turned to the right shoulder.

The two ocular globes were directed both strongly from the right side, the left iris touching the internal angle, the right iris the external angle of the palpebral openings. The sclerotic of the left eye was apparent in the external angle, and that of the right eye in the internal angle.

* M. Bouchardat has very well described these two kinds of granular bodies, attributing the first to *necrobiosis*, the second to inflammatory action. (See Thèse de M. Poumeau, p. 110 et suiv. Paris, 1869).

Upon elevating the head, which was easily done, for there appeared to be no stiffness of the neck, the deviation of the ocular globes from the right side appeared yet more marked.

In the act of turning, the animal threw himself frequently against objects which he met, and appeared to see imperfectly.

There was also perceptible a slight hemiplegia of the left side, especially in the anterior paw. The animal, when pushed, appeared to fall more readily upon the left side than upon the right.

12th of December. The same symptoms have persisted, and to-day they are still more decided. The animal suffers and groans. When placed upon his feet he is exhausted, he bends himself into an arc of a circle, with the concavity turned to the right. The muzzle is directed to the right, and approximates nearly to the right thigh. The two ocular globes are both turned from the right side. In walking, the animal describes a spiral movement from left to right, forming a curve with a radius smaller even than upon the day of the operation.

The animal was killed by hanging.

Necropsy.—Right hemisphere. The cerebral meninges exhibit nothing particular. Two small wounds are observed upon the occipital vault; one very superficial, extending scarcely through the gray substance, and evidently produced by the first puncture which I made.

The second wound, situated more externally, penetrates deeply, and after having traversed the white substance of the centrum ovale, reaches the external portion of the corpus striatum. At this point, a large purulent focus has been formed, which is located especially at the level of base of the corpus striatum and the peduncular irradiation. This collection (of pus) attains a diameter about equal to that of the cerebral peduncle.

The pus has penetrated into the right ventricle, and thence has spread into the third, thence by way of the calamus scriptorius, it has been diffused over the superior portion of the cord, which is enveloped in pus and false membranes.

In this purulent collection are many granular leucocytes and true non-nucleated granular bodies, evidently formed by fatty granulations aggregated into groups. There is no appreciable degeneration of the peduncle, nor of the anterior pyramid.

The *left hemisphere* is healthy, as are also the cerebellum and its peduncles.

WOUND OF THE RIGHT HEMISPHERE; SLIGHT ROTATION FROM LEFT TO RIGHT; ROTATION OF THE HEAD AND EYES TO THE RIGHT.

Exp. III. Rabbit. January 10, 1868.

I perforated with a gimlet the vault of the cranium on the right side, and buried the instrument into the cerebral substance. There followed a rotary movement from the left to the right, which continued two or three minutes; the left pupil was contracted, the right dilated, the left eyelid depressed.

No perceptible hemiplegia, hebetude; after half an hour the pupils were equal, dilated, both lids being open. The animal has a tendency to turn the head from the right side, and when he is excited he turns more frequently to the right than to the left. Slight tendency to spiral movement from left to right.

Necropsy. Meningeal hæmorrhage, which surrounds the base of the brain and the medulla oblongata.

The injury was apparent upon the external portion of the *right hemisphere*, at the level of the union of the frontal with the sphenoidal lobe. The right olfactory peduncle was slightly lacerated. There was little blood in the ventricle. The deep portions (corpora striata, optic thalami, tubercula quadrigemina) were not involved.

WOUND OF THE RIGHT HEMISPHERE; NO SPIRAL MOVEMENT; SLIGHT ROTATION OF THE HEAD TO THE RIGHT.

Exp. IV. Rabbit. January 17, 1868.

By the same process I wounded the brain. There was no manifest spiral movement produced, but it was observed that the animal had a tendency to turn the head rather to the right than to the left, and when it was irritated it turned itself more frequently from the right side than from the left.

The pupils were equal; the eyes not sensibly deviated.

January 18. The preceding symptoms are no longer appreciable, and the rabbit turns as well from one side as from the other when frightened. He was killed.

Necropsy. Slight meningeal hæmorrhage at the base. The instrument had reached the anterior and external portion of the right frontal lobe; the cerebral substance was mingled with blood. The olfactory peduncle was cut throughout its whole thickness. The right corpus striatum was very slightly lacerated in its external and anterior portion.

WOUND OF THE RIGHT HEMISPHERE AND OF THE CORPUS STRIATUM; NO SPIRAL MOVEMENT; SLIGHT ROTATION OF THE HEAD TO THE RIGHT.

Exp. V. Rabbit. January 17, 1868.

The same operation. The rabbit described no spiral, but had a tendency to incline the head to the left, carrying the muzzle to the right; the eyes were slightly turned to the right (?). The left eye was more prominent, the pupil more dilated, than the right. Very slight nystagmus.

January 18. Nothing appreciable. The rabbit was killed.

Necropsy. The instrument had penetrated the right hemisphere in the plane of the union of the frontal with the sphenoidal lobe. The hemisphere was transfixed, and at its base; the wound was situated about two millimetres outside of the origin of the right olfactory peduncle.

The instrument had wounded the posterior-external portion of the corpus striatum, and slightly the anterior-external portion of the optic thalamus. A collection of blood extends a little below the optic thalamus into the anterior extremity of the sphenoidal lobe.

WOUND OF THE RIGHT HEMISPHERE; OPTIC THALAMUS; ROTATION OF THE HEAD AND OF THE EYES TO THE RIGHT; TENDENCY TO SPIRAL MOVEMENT FROM LEFT TO RIGHT.

Exp. VI. Rabbit. January 13, 1868.

I perforated the cranium and wounded the brain.

The head was inclined from the left side and in rotation to the right, the muzzle was directed from the side of the right shoulder. The eyes were slightly divergent to the right, which was especially apparent in elevating the head of the animal; the sclerotic then appeared from the side of the external of the left eye, and from that of the internal palpebral angle of the right eye.

When the animal was excited, there was observed a slight tendency to turn spirally, describing a circle of great radius.

Necropsy. The wound had extended to the level of the middle of the right hemisphere, had traversed the lobe, lacerated the tentorium of the right side, as well as the anterior portion of the right optic thalamus, which was infiltrated with blood.

The wound had not involved the deeper portions of the optic thalamus.

The corpus striatum and the other portions of the encephalon were uninjured.

WOUND OF THE RIGHT HEMISPHERE, CORPUS STRIATUM AND OPTIC THALAMUS; ROTATION OF THE HEAD AND OF THE EYES TO THE RIGHT; SPIRAL MOVEMENT FROM LEFT TO RIGHT.

Exp. VII. Rabbit. January 17, 1868. The same operation. The rabbit turned his head to the right, inflecting it slightly from the left side, in such manner as to direct the vertex slightly from the left side. The ears are both at the left of the animal. The eyes are both plainly turned to the right. The sclerotic appeared at the external angle of the left, and at the internal angle of the right eye. Left pupil more dilated than the right. Slight nystagmus.

When the animal is excited he executes a spiral movement, of short radius, from left to right.

The left fore paw seems to be a little less feeble than the right.

January 18. The same symptoms of very slight left hemiplegia and of rotation spirally from left to right. Pupils equal.

The rabbit was killed.

Necropsy. The instrument had wounded the upper portion of the right hemisphere in the plane of the union of the frontal with the sphenoidal lobe, at about two millimetres from the inter-hemispheric fissure. It had passed outside of the right corpus striatum, which was, as it were, raised and detached, and had wounded the right optic thalamus, of which the nervous substance was broken up and mingled with blood.

WOUND OF THE LEFT OPTIC THALAMUS; ROTATION OF THE HEAD AND OF THE EYES TO THE LEFT; SPIRAL MOVEMENT FROM RIGHT TO LEFT.

Exp. VIII. Rabbit. January 15, 1868. By the same process I wounded the brain.

The animal bent his head from the right side, turned it to the left, the muzzle being carried from the side of the left shoulder; the two eyes were slightly deviated to the left.

The animal, when excited, described a spiral movement from right to left with a large curve.

January 16. The same condition, the pupils equal, head and eyes turned to the left, spiral movement from right to left.

January 17. *Necropsy.* There was observed upon the upper surface of the right hemisphere in the plane of the median portion, in an antero-posterior direction, and about one millimetre from the interhemispheric fissure, a little wound about one millimetre in diameter.

In penetrating deeply, the instrument passing obliquely from the left side, traversed the corpus callosum in the median line and wounded the anterior wall of the third ventricle, which contained blood and brain substance mixed with blood. It was observed that the left wall of the third ventricle (optic thalamus) was broken up and infiltrated with blood, especially at the level of its anterior portion, whilst the right optic thalamus was simply very slightly scraped, and exhibited perfectly normal consistence and color.

WOUND OF THE LEFT OPTIC THALAMUS; ROTATION OF THE HEAD AND OF THE EYES TO THE LEFT; SPIRAL MOVEMENT FROM RIGHT TO LEFT.

Exp. IX. Rabbit. January 16, 1868. By the same process I wounded the brain.

The animal turned his head from the left side and inclined it slightly to the right. The eyes were both directed from the left side; the pupils were equal. In walking, the animal described a spiral movement from right to left in a curve of short radius.

January 16. The same symptoms.

January 17. Depression, pupils equal, the head and eyes are

always directed to the left. The rabbit, when excited, described a spiral of short radius, from right to left.

He was killed by decapitation.

Necropsy. No sub-meningeal extravasation.

The instrument had wounded the right hemisphere very near the median portion of the interhemispheric fissure; it had turned obliquely to the left, and traversing the corpus callosum in the median line, had broken up the left optic thalamus. There was at this point a hæmorrhagic collection formed of cerebral substance mingled with blood, and embracing the entire thickness of the optic thalamus. The right optic thalamus was scarcely scratched.

The corpora striata were not injured.

I can compare with these nine experiments, IV and VI of the *Memoire sur le Ramollissement*, which my colleague M. J. Colard and I presented in 1865 to the Biological Society.

Dogs, the subjects of these experiments, presented, after the injection of water holding in suspension grains of tobacco, the phenomena of spiral rotation directed from the side opposite to a slight hemiplegia; and the necroscopic examination demonstrated to us in one case a focus of softening limited to the side toward which the spiral movement was directed, and in the other a focus of softening in each hemisphere, but more characteristic and more extensive, in surface and in depth, on the side toward which the spiral movement was directed.

Rotary movements produced by unilateral lesions of the encephalic isthmus.

As well among the inferior vertebrata as among the mammifera, the movements produced by lesions of the encephalic isthmus are sometimes a spiral, and sometimes a gyratory movement or rotation upon an axis.

I indicated previously one of the causes of obscurity relative to the determination of the direction of rotation upon an axis; I will not here revert to this subject, but I will simply recall that the direction of the movement upon an axis is the same as that of the spiral, that these two movements are performed in the

direction indicated by the deviation of the eyes, and if the animal is displaced upon the ground into a direction opposite to the rotation which he effects upon his axis, that results only from the friction of the ground.

The direction of the rotation, in the case of unilateral lesion of the isthmus, is variable, according to the point of the isthmus which has been wounded, and it is not unfrequent to perceive, during the first moments which follow the operation, a spiral movement in a direction opposite to that which is established definitely some minutes later. This peculiarity was pointed out to me by M. Vulpian.

Let us examine the direction of this rotatory movement according to the different unilateral lesions of the isthmus.

Magendie,* specifying more clearly phenomena already perceived by Pourfour du Petit,† and by Serres,‡ observed that injury of the middle cerebellar peduncle occasioned rotary movements, produced always *from the same side as the section*: he remarked, moreover, that the eye of the wounded side was directed downward and forward, that of the opposite side upward and backward. Magendie, by making a section of the cerebellum, in such a manner as to leave three-quarters to the left and one to the right uninjured, observed that the animal rolled to the right, and that the eyes were placed as if he had cut the right peduncle.

M. Longet,§ in his *Traité d'anatomie et de Physiologie du Système Nerveux*, asserts, as does M. Lafargue,|| that rotation is effected, on the contrary, from the side opposite to the section of one of the middle cerebellar peduncles. Since that time, M. Longet¶ has expressed the opinion that this difference between his results and those of M. Magendie resulted from the fact that the middle peduncle contains, especially posteriorly, non-decussating fibres, and decussating fibres anteriorly.

* Magendie, *Jour. de Phys. Expér.*, 1824, t. IV., p. 399, et *Leçons sur les Fonctions et les Malad: du Syst. Nerv.* Paris, 1839.

† Pourfour du Petit, *Nouv. Syst. du Cerveau*. Paris, 1766.

‡ Serres, *Jour. de Physiol. Expér. de Magendie*. 1823, t. III.

§ Longet, *Anat. et Physiol. du Système Nerveux*. Paris, 1842.

|| Thèse de Paris, 1828.

¶ Voyez *Traité de Physiologie*, 1860, t. II, p. 406.

With the partial lesions of a cerebral peduncle, made immediately in front of the protuberance and a little beyond, M. Longet observed a spiral movement from the side opposite to the lesion, whilst Magendie, in cases of lesion of a cerebral peduncle, observed a circular movement from the side of the lesion.

M. Claude Bernard,* by wounding the cerebral peduncle behind the origin of the trigemini, observed that the revolution was made from the same side upon which the section had been performed. By making, on the contrary, the section in front of the origin of the trigemini, he observed the revolution from the side opposite to the section.

M. Schiff observed, in the case of lesion of the posterior parts of a cerebral peduncle, a rotary movement from the injured side.

M. Brown-Sequard,† in the case of lesion of some portion of the cerebral peduncle situated near the optic thalamus, observed a circular movement from the side opposite to the lesion; he observed rotation in the same direction with injuries involving the anterior and superior portions of the Pons Varolii, the portion of the medulla in which is inserted the glossopharyngeal, that portion of the spinal cord in which are inserted the first two or three pairs of nerves.

M. Brown-Sequard, on the contrary, observed a rotary movement from the injured side from injuries inflicted near the insertion of the inferior roots of the vagi nerve; he observed, with M. Martin Magron, the same direction of rotation following lesions of the medulla involving those portions in which are inserted the auditory and the facial nerve.

M. Vulpian,‡ after wounding the floor of the fourth ventricle, observed a rotation of the head and of the eyes from the side opposite to the injury, sometimes a spiral movement from the side indicated by the ocular deviation, sometimes a revolution upon an axis, in the same direction, and a displacement of the animal upon the ground in the opposite direction.

* *Mémoire de la Soc. de Biologie.* Année, 1849.

† Voyez *Note sur les Mouvements Rotatoires dans Jour. de Physiologie* du Docteur Brown-Sequard, 1860, t. III. p. 724.

‡ Voyez *Effets des lésions du plancher du quatrième ventricule, etc.* (*Mém. de la Soc. de Biologie.* Année, 1861.)

M. H. Paris published a case of hæmorrhage of the left lateral portion of the protuberance which occasioned in a cat a spiral movement from right to left, that is, from the side of the injury.

Messrs. Leven and Ollivier,* in numerous experiments performed upon the cerebellum, frequently observed the spiral or rotary movements occurring most frequently from the side opposite to the injury, but sometimes from the side of the injury.

It will be perceived, from this detail, that the directions of the spiral movement, and of the movements of rotation upon the axis produced by lateral lesions of the isthmus, may vary according to the parts involved.

In this case, as M. Vulpian remarks, in his *Cours de Physiologie*, (p. 586): "The direction of the movements of rotation spirally takes place most frequently from the injured side toward the healthy side, that is, from left to right if the injury is on the left. However, it is not rare to see the spiral movement performed in the inverse direction."

My personal experience exactly confirms these data.

Under this head should be classified lesions of the isthmus, lesions of one optic thalamus, and of one of the tubercula quadrigemina. Authors, as I have already stated, are not all agreed in this regard; but it is very possible that in attacking posteriorly the optic thalamus, the lateral portions of the isthmus are excited; the effects produced are then due to the encephalic isthmus. It has been apparent that in my experiments, I have always obtained, by attacking the optic thalamus from above downward, a rotation from the side of the lesion.

As to the tubercula quadrigemina or bigemina, I have convinced myself by experiments made upon frogs, in which these parts are readily discovered, that the direction of the rotation varies according to the part injured. Rotation seemed to me to be made most habitually in the direction of the injury, if that were situated entirely in the anterior portion of the tubercle, and from

* M. Leven and A. Ollivier *Recherches sur la Phys. et la Path. du Cervelet*, (*Arch. Gén. de Méd.*, 1862, t. II.). Voyez aussi Gratiolet et Leven, *sur les Mouvements de Rotation sur l'axe que déterminent les Lésions du Cervelet*, (*Compte Rendu, Ac. Sc.*, 1860). Leven, *Nouv. Rech. sur la Phys. et la Path. du Cervelet*, (*Mém. Soc. de Biolog.*, 1864.)

the opposite side if the middle or posterior portion of the tubercula bigemina were attacked. In this last case the rotation was most marked and most persistent.

These differences in the results obtained after lesions of the isthmus, may be readily understood when it is remembered that the decussation of nervous fibres is not so complete at this as at a higher level.

The preceding experiments were made in view of my inaugural thesis,* in which I published them, comparing them to a very frequent but little known symptom of apoplexy of cerebral origin, toward which M. Vulpian directed my attention, I mean the conjugate deviation of the eyes and rotation of the head, from the side opposite to the hemiplegia.

M. Vulpian, in a course upon the physiology of the nervous system, delivered, in 1864, at the Museum of Natural History, compared this phenomenon to the movements of rotation observed in animals, and the following year I published in the *Gazette Hebdomadaire* a short note upon this point.

I have been able to collect fifty-eight observations, of which fifty-five were followed by necropsy, the majority being due to the kindness of Messrs. Vulpian and Charcot.

After studying these observations, and comparing them with the results of my experiments relative to the rotary movements observed in animals subsequent to unilateral cerebral lesions, I have succeeded in demonstrating the identity of these phenomena.

It was apparent indeed from the experiments reported above, that rotation resulting from lesion of a cerebral hemisphere was accompanied by conjugate deviation of the eyes and by rotation of the head from the side of the wounded hemisphere. When the injury was seated in the encephalic isthmus, the direction of the rotation was subject to variation, but was effected in the direction indicated by the ocular deviation.

In all the observations which I have been able to gather, of rotation of the head and eyes accompanying a lesion of the brain properly speaking, this deviation of the eyes and of the head took

* *De la Déviation Conjugnée des Yeux, et de la Rotation de la Tête dans certains cas de Hémiplegie.* Thèses de Paris, 1868, chez V. Masson et fils.

place from the side of the wounded hemisphere, from the side opposite to the hemiplegia.

I have cited cases in which this deviation occurred after even superficial lesions of the brain, but the most numerous cases were due to more profound injuries, approximating the corpus striatum and the peduncular irradiation. In four observations, on the contrary, the encephalic injury was situated in the encephalic isthmus, in which I include the cerebellum; rotation of the head and eyes occurred three times from the side opposite to the injury, and once from the side of the injury.

It should be added, that in several of these observations a tendency was observed, to a movement of translation from the side indicated by the ocular rotation, which approximates these phenomena still more closely.

I will no longer dwell upon the facts developed in my inaugural thesis, as it is my intention to treat here only the purely physiological portion of the treatise.

W. H.

Selections.

Upon the Therapeutical Value of the Sulphites in Phlegmonous Angina.—Paper read before the Sacramento Society for Medical Improvement. By GERRARD GEO. TYRRELL, L.R.C.S.I., and K. & Q.C.P.I.

So much has been written, and so many conflicting opinions expressed, upon the therapeutical value of the sulphites in disease, that it is with the utmost diffidence I venture to bring the subject under the notice of the Society this evening. I am, however, emboldened to do so, from the conviction that I have discovered in the sulphites a certain prophylactic against, and a frequently successful agent in the cure of certain diseases affecting the throat, more especially in that common and most troublesome complaint known as phlegmonous angina, acute tonsillitis, or quinsy. I am still further stimulated to bring this subject under your observation from the fact that one of the great lights in medicine, whose eminent reputation is universal, and from whose teaching we have all acquired knowledge, the great Trousseau, says, "I

repeat, gentlemen, phlegmonous angina is one of those diseases which are alike the glory and despair of all medication: their despair, because medicine cannot prevail against them; we are powerless to check their progress, to abridge their duration. Their glory, because they cure themselves, whatever we may do; and the temptation is to ascribe to the medication the honor of the cure." He then sketches the rise and progress of the disease, alludes to the different treatment advised—incisions, leeching, cupping, bleeding, etc.—and says, in spite of all, the disease continues its progress; in four or five days, perhaps in nine or ten, an abscess forms, and bursts, and the patient is well; all the remedies have been useless, and the more violent injurious. "Expectation," he continues, "is the best treatment to follow in the disease which now occupies our attention. But this treatment, I admit, is most difficult to make acceptable in practice, especially when you are beginning your career, and have not yet inspired that confidence which you will do later. In order to respond to the just demands of your patients, prescribe remedies of no great power. If you really cannot cure them, at least leave some illusion to those who suffer, and do not make them despair by avowing your impotence; order acidulated and demulcent gargles and emollient fumigations, knowing perfectly well that they will effect nothing toward the cure of a disease which will in a short time come to a termination." Such is the language of Trousseau, and such his opinion of the incurability of acute tonsillitis. To moderate, if not entirely disprove, these very positive assertions, and to maintain the efficacy of treatment in anginose affections, will be my privilege this evening.

Although I am aware that authorities are not wanting who deny the therapeutical value of the sulphites in any disease, and even in this Society are there members whose scepticism upon this point is not disguised, I will endeavor to bring before your notice to-night the records of some cases in my own practice, no matter how feebly portrayed, which by their symptoms demonstrate the fact of either impending or established disease; and if I can satisfy you by such cases, treated after the manner hereinafter to be stated, that I have succeeded in arresting such disease, or even shortened its duration one day, then my object will have been accomplished, and your co-operation insured, in giving this agent a fair and impartial trial, and perhaps rescue from unmerited neglect a drug, powerful for good, and most worthy of our consideration. We are all conscious of the fact, although perhaps insensibly acquired, that the zymotic theory of disease has taken a firm hold upon our senses; and, indeed, reflection leads us to believe that many of the diseases which we were formerly willing to consider as local in their nature, and remedial by local treatment, are but the result of a certain poison or fer-

ment in the blood, which evinces its presence by attacking certain organs, or producing certain effects, which are known to us under the names of diphtheria, erysipelas, scarlet fever, measles, small-pox, etc. In what that poison consists we know not; whether it be due to the passage from body to body of living particles of germinal matter, descended from the germinal matter of organism itself, or from the growth and multiplication of vegetable organism, or the result of mephitic vapor, or noxious gas, derived from decaying matter: of this we are ignorant; but we do know that certain effects follow its development in the human system, and that this poison, when once developed, has the power, as a general rule, of reproducing itself. Under this class of diseases I would venture to ask for phlegmonous angina, or quinsy, a place. I believe its constitutional origin can hardly be doubted, when we calmly reflect upon the manner of its invasion; the general lassitude which precedes an attack, the pains in the head and limbs, the alternate chills and flushes of heat, the loss of appetite, the coated tongue, the quick pulse, the high-colored urine, and constipated bowels—symptoms developed before the amygdaloid glands give evidence that *there* is the force of the attack to be expended—all point with unmistakable exactitude to the constitutional and zymotic character of the disease; and, in truth, until the constriction and dryness of the throat, the injection of the fauces, and the enlarging tonsils, reveal the secret, he would be a bold practitioner indeed who would dare to say from the symptoms present that his patient was not going to have a typhoid fever, diphtheria, ague, or some other zymotic affection. Classing, then, with your permission, phlegmonous angina among the zymotic diseases, we will briefly sketch the theory of the use of the sulphites.

From his memoir, it seems, that accepting the zymotic theory as true, Guisepppe Polli, of Milan, noticing the power which sulphurous acid possessed in arresting vinous fermentation, was led to believe that the same agent would arrest catalytic action in the human system. Aware, however, of the danger of introducing sulphurous acid into the animal economy, he conceived the idea of uniting the acid with an earthy base, and thus securing a salt, with which he might safely commence his experiments. The results of his labors are historical, and being no doubt familiar to each of you, I will not trespass upon the time of the Society by detailing them here. I think, however, that his experiment of injecting a dog with the nasal discharge from a glandered horse—having first taken the precaution of giving the dog a couple of drachms of bisulphite sodæ daily for several days before the operation—should give us a hint in the therapeutical use of the sulphites, of which we would do well to avail ourselves when possible. In these experiments Dr. Polli found that the action

of the sulphites was quite as decided as the sulphurous acid itself in checking fermentation, and established therefrom two great facts. First, that sulphites, as such, are carried into the circulation; and secondly, that the presence of these salts in the liquids and solids of the body retards putrefactive fermentation for a lengthened period.

Notwithstanding the assertion of the celebrated Claude Bernard, that "it is impossible to neutralize these ferments in the living organism," because, he says, "it would be necessary to interfere with the character of the blood to such an extent that it would be no longer capable of maintaining life," Professor Polli next tested the truth of his discovery upon the human organism, and invariably with a satisfactory result, but modestly adds, "To the test of clinical investigation, and clinical result, I leave the issue of my discovery;" and further on, "I wait for the verdict of the clinical students of Europe." His appeal was not long in being answered, for he states that since he published his first memoir, in 1861, he has had no less than 158 papers published in answer to his call—all, or nearly all, confirmatory of his observations. Upon reading the first mention, to me, of Dr. Polli's discovery, published by Dr. De Ricci, of Dublin, in the *Dublin Quarterly Journal*, November, 1863, I determined to test the matter for myself. Unfortunately, at that time no bisulphites were to be had upon the Pacific coast, and it was not until the spring of 1866 that I was able to procure a pound of the bisulphite of soda. My note-book then informs me that I tried this salt in several cases of scarlet fever, giving ten to fifteen grains every three or four hours, without any well-marked advantage over my former treatment by quinine and iron. Again, I find a case of pyemia, in which I gave my patient twenty grains every four hours, without mitigating the disease in any respect. This result I rather anticipated, as the case was not seen until several of the joints contained pus. I find myself next employing the sulphites in the treatment of some cases of typhoid fever; still I was not aware of any striking result that followed, except that they had the power of diminishing the extreme fetor of the alvine evacuations. Many other articles in the *materia medica* possessing the same power, my faith in the therapeutical value of the sulphites became very lukewarm, and I prescribed them but seldom. In 1868 we had an epidemic of a species of influenza, accompanied by a remarkable prevalence of anginous affections, especially acute tonsillitis, terminating in abscess. Believing then, as I do now, that tonsillitis is but the local effect of a general poison, and a remnant of faith remaining in the anti-catalytic power of the sulphites, I determined to give them one or more trials, but in a different manner than heretofore.

My idea was now to push them to saturation, as we do other alkalies in the treatment of another poison, rheumatic fever, and

get their constitutional effect, if possible, before the zymotic poison had full possession of the system. It so happened that I was the first patient upon whom my primary experiment was to be made. In April, 1868, I was seized with the usual symptoms of impending disease—lassitude, chilliness alternating with flushes of heat, coated tongue, pain in limbs, etc. Soon the dryness and constriction of the throat were perceived, with pain on deglutition, and that horrible feeling of a foreign body in the pharynx, which in vain you try to dislodge. I now knew that my old friend, acute tonsillitis, was about to develop itself, as I was a victim to such attacks, and had almost made up my mind to put in my regular two weeks of sickness, like a philosopher. Upon examining my throat, I noticed both tonsils swollen, their mucous crypts filled with exudation, the velum palati congested, the back of the pharynx a vivid red color, and dry. I dreaded the suffering appertaining to a tonsillitic abscess, and finally came to the conclusion, that with my ideas upon the zymotic origin of the disease, mine was just the case to ascertain whether there was any virtue in the sulphites or not. Accordingly, I ordered a mixture, containing thirty grains of bisulphite of soda to each dose of a table-spoonful, which was to be taken regularly every hour. I commenced at 12 noon; at 8 P. M. I felt decidedly better, and could swallow with but little inconvenience; the tonsillitic exudation had disappeared, and the vivid redness of the velum and pharynx was subsiding. I continued the medicine regularly throughout the night, and at eight next morning almost all traces of the disease had vanished. This result was so striking, and so exceedingly gratifying to me, that I determined to pursue my investigations further.

Two days afterward, Mr. D. called at my office, complaining of the usual initiatory symptoms of tonsillitis. His tonsils, although swollen and congested, had not as yet given any evidence of exudation upon their surface; he was very feverish, with intense thirst, and some pain upon swallowing. This was his second attack within six months. I prescribed for him thirty grains bisulph. sodæ every hour, which he promised to take faithfully, as I informed him that it was only an experiment I was trying, and that if it failed he would be no worse off than before. Next morning he called again; the fever and thirst had subsided; his tongue was cleaning; the redness of the fauces was fading; and, altogether, he was very much better. That evening he declared himself well, but continued his medicine, to make the cure certain.

A third case presented itself soon after; but one tonsil was swollen, and the initiatory stage was not severe. In this case I thought I might diminish the dose of the medicine, and produce, perhaps, as good results: accordingly, I administered twenty

grains every three hours; at night the medicine was omitted; next morning the constriction of the throat set in, the redness extending across the velum palati; as evening approached all the symptoms became aggravated, and finally the case terminated in abscess. Still not fully alive to the necessity of saturating the system to produce a successful result, I treated my fourth case with scruple doses of the drug every three hours, without success—the case terminating in abscess upon the tenth day. I was now fully convinced that my first idea was either the true one in this disease, or that the sulphites were worthless, and that both my own and Mr. D.'s case would have terminated in resolution without any treatment. When, therefore, my fifth case presented itself, I ordered thirty grains every hour, day and night. In this case, although the symptoms of acute tonsillitis were as well marked as in either of the others, the result was quite different: in twenty-four hours all signs of the disease had been subdued, and the patient was convalescent. In the following cases the results were the same:

Mrs. McJ.; ailing twelve hours; complains of chills, alternating with fever; pains in the back and limbs, and sore throat. Upon examination the left tonsil was seen engorged; velum palati and back of pharynx very red; great dryness of throat, with pain on swallowing. Ordered thirty grains of bisulph. every hour, day and night; in twenty-four hours all severe symptoms had ceased, and convalescence was established.

Mrs. McD., a resident in the same house, was attacked one week subsequent to the above case. The initiatory symptoms set in with great severity; in twelve hours from the premonitory chill both tonsils were covered with a white exudation, and the pain on deglutition was intense; in addition to the other symptoms, there was engorgement of submaxillary and parotid glands with shooting pains through both ears: in fact, the case closely resembled an attack of diphtheria in its prominent features. I ordered the usual thirty grains of sodæ bisulph. every hour, together with a gargle of the hyposulph. of soda and honey, to relieve the great dryness of the pharynx. In this case, thirty-six hours constant treatment seemed to allay all the worst symptoms of the attack, and in twelve hours more convalescence was established.

Mr. F. has since childhood been the subject of acute tonsillitis, whenever any derangement of his health occurred—the attack almost always ending in abscess. Has tried every known remedy to avert the attack or shorten its duration; has succeeded twice in preventing abscess by constant leeching in the premonitory stage; when that failed, he found that no medication would succeed. In January last he came to me, complaining of his usual symptoms preceding an attack of tonsillitis. I prescribed the sulphite, upon

condition that he would take it as ordered, as I considered his case a crucial one. Next morning he called to say that he was no better, but certainly no worse; had taken the medicine regularly until twelve midnight, then fell asleep, and, of course, omitted it. I strongly urged the continuance of the remedy for another twenty-four hours, and then if he was no better I would confess my disappointment; he did so, and the following morning met me in the street, feeling, as he said himself, "All right." He had acknowledged his disbelief in the power of medicine to save him from abscess, as he had taken "bucketsful" without being relieved. He was now satisfied, however, that the bisulphite of soda had the power, and was determined to resort to it again upon the first intimation that his old enemy was preparing for an attack.

I could increase this list by some fourteen additional cases, but as they would be only a repetition of those already enumerated I will not occupy the time of the Society in detailing them. Suffice it to say, that among the fourteen not one terminated in abscess, and not one exceeded forty-eight hours in duration after the commencement of the treatment by the sulphites.

The last cases that I find in my note-book, as treated by the sulphites, are three of diphtheria. One was a child, two years old, to whom I was called last December. She had then been two days ill with what the mother supposed to be an ordinary sore throat. The child appeared cheerful, ate and drank without seeming difficulty or pain. Upon inspection of the throat, I found both tonsils, velum palati and back of pharynx literally covered by a diphtheritic exudation, of a yellowish color and leathery consistence; around the outer margin of the false membrane was a thin, red line, as if separation was about to take place. The examination caused the child to cough, but no stridor was then perceived. The mother said that the only serious symptom the child presented to her was great restlessness at night, with some heat of skin. I ordered eight grains of bisulph. every hour. The following morning both tonsils, velum and pharynx were of a vivid red color, but the exudation had disappeared. The child had slept better, was still cheerful, and drank her milk greedily; her respiration was a little hurried, and her cough a little raucous, which boded no good. I continued the sulphite. Toward night high fever supervened, and it was evident, from her cough, that the false membrane had crept into the larynx. Diphtheritic croup was established, and in twelve hours more the child had breathed her last sigh.

The remaining cases occurred upon Jibboom street—one of the worst localities, if not the very worst, in the city for such a disease to occur.

A. D., aged three years, was seized upon the night of the 23d

January with a severe chill, followed by high fever; next day he appeared to be much better, but his mother noticed that he refused to eat, and had considerable thirst. The same night the fever was very intense, and next morning (25th) the child complained of his throat being sore. I was then sent for. Upon arrival I found the little fellow sitting up in bed, very feverish, but cheerful; his face was flushed, pulse quick, tongue coated, and breath fetid. After some little coaxing, I succeeded in getting a good view of his throat. The examination revealed one-half of the velum pendulum, together with the left tonsil, covered by an exudation exactly similar in appearance to the pedicle left by collodion after the evaporation of the ether. He did not complain of any difficulty or pain on swallowing. His mother had no idea that her child was seriously ill of so fatal a disease as diphtheria; it was therefore necessary for me to impress the fact upon her mind, in order to have my instructions faithfully carried out. I ordered the child a strictly milk diet, and ten grains bisulph. sodæ every hour, day and night. In twenty-four hours of this treatment the pedicle had disappeared from the velum, the fever had ceased, and sleep was easy. A white patch still remained upon the tonsil, which another twenty-four hours treatment sufficed to remove, and the child made an uninterrupted recovery.

A few days afterward I was summoned to see the infant sister of the same boy. Found, upon inspection, that both tonsils were covered by false membrane, extending backward to the pharynx; the velum was free from it. To this infant, fifteen months old, I gave five grains bisulph. sodæ every hour. Thirty-six hours constant treatment removed all trace of exudation, and the child recovered.

These three are the only cases of diphtheria in which I have relied exclusively upon the bisulphite of soda as the curative agent, in addition to the *vis medicatrix naturæ*. The number is too small to base any opinion upon as to the value of the sulphites in this disease. It certainly seemed to possess the power of speedily removing the false membrane, and arresting the disease, or in these particular cases the *vis medicatrix naturæ* worked with unwonted vigor. I am, at all events, encouraged to give the drug a further trial, should any cases of diphtheria present themselves during the year.

I have now fulfilled my promise, and laid before you a series of cases of actual or impending disease, eight of which I have given somewhat in detail; the remaining fourteen being similar in their rapid convalescence, their amplification was not deemed necessary. In all, therefore, I have enumerated twenty-two cases of acute phlegmonous angina, twenty of which were either summarily arrested, or their duration abridged, under the use of the sulphites;

that is, unless you consider that the *vis medicatrix naturæ* stepped in methodically and cured these twenty cases, I can ascribe their rapid amelioration to no other cause than the anti-catalytic action of the sulphites. If you concede to me this point, then is my task complete in disproving the sweeping assertion of Trousseau, "That medicine cannot prevail against this disease; that we are powerless to check its progress or abridge its duration." Nay, not content with this, he says, as if to impress the matter fully on his reader's mind, "I repeat, for the third time, that anti-phlogistics, revulsives, topical astringents, and *all* other kinds of treatment, are without power to impede the course of inflammatory sore throat—the duration of which *nothing* can curtail;" and further asserts, "that once inflammatory sore throat has declared itself, it never goes back." There is one other remark of Trousseau's which I will here notice for its great candor. He says, that "there are men who maintain gravely that they can cut short a quinsy in three days," and asks, "Where is the physician of skill sufficient to decide whether a sore throat, which has just made its appearance, is certain to be a quinsy? For my own part," says this physician, "I completely renounce all claim to ability to give a positive opinion under such circumstances, and I doubt whether others are more competent."

As this paper, Mr. President, brings me directly under the charge of maintaining the possibility of cutting short a quinsy in three days, and inability to diagnose the disease, I reply by saying that it is not necessary to diagnose infallibly that the case will be one of quinsy. Suppose the case to be one of membranous sore throat, so often confounded with diphtheria, or acute pharyngitis, or rheumatic sore throat, or any other anginous affection. What does it matter? Is it not sufficient for any physician to know that he has a case of impending disease before him; and if he can by therapeutical, or any other means, arrest the spread of zymosis, and thus cut short the impending disorder, what difference does it make as to the particular portion of the organism in which that zymotic poison would have developed itself? The physician's great triumph consists in his power, first, to prevent, and secondly, to arrest disease in its incipency, and not wait for hours or days to ascertain whether the *prodromata* of disorder will develop themselves in a typhoid fever or a quinsy. And I assert, as far as the experience of twenty cases will permit me, that phlegmonous angina, or take it generally, a common sore throat, with all the incipient symptoms of acute tonsillitis, can be cut short, or its duration abridged, by the sulphites, and especially the bisulphite of soda. But in order to obtain this result, it is, in my opinion, necessary: First, to saturate the system as rapidly as possible with the salt. Secondly, that any dose under thirty grains an hour is liable to fail in this effect. Thirdly, that the bisulphite of soda

is the most reliable salt for that purpose, as both the hyposulphite of soda, and the bisulphite of magnesia, are very prone to purge, which would defeat the object intended. Fourthly, all acids, either in the shape of drinks or gargles, must be strictly prohibited, as they decompose the salt, and render it inert. Lastly, the treatment should be commenced at the very earliest moment possible, and persisted in steadily, day and night, for at least forty-eight hours. If at the end of that time, the urine and the perspiration giving evidence of the thorough impregnation of the system with the salt, the disease is not arrested, I believe further medication to be useless, and the disease will run its usual course, to end in abscess.

I will now have the honor of submitting, for your deliberation and discussion, these remarks upon the value of the sulphites as a therapeutical agent in disease. Although I am afraid that I have fallen very far short in the object I had in view, I will trust in your kind indulgence, and ask your patient consideration for the propositions advanced in this paper:

First, that acute tonsillitis, or phlegmonous angina, and the membranous angina of Trousseau—diseases as closely allied as possible—are zymotic in character, and as much constitutional diseases as scarlet fever or diphtheria. Secondly, that, as zymotic in character, they are amenable to treatment by anti-catalytics, when properly and persistently administered. Thirdly, that in the bisulphite of soda we have a safe and efficient agent in the treatment of such diseases, and presumptive proof that when administered early in all diseases of like zymotic character, it will prove as efficacious as in the diseases under consideration this evening. And lastly, that when given under the circumstances proper for their administration, the sulphites are perfectly harmless in their effect, seldom producing vomiting or disorder of the bowels; and if at times they seem inefficient to arrest retrograde metamorphosis, they leave the patient in no worse condition than before.

I therefore will ask for your co-operation in giving this drug an extended trial, and am persuaded that you will not refuse your support, where you perceive an honest effort to arrive at a scientific truth, as it is only by the experience of many that a correct deduction can be made, and the value of any discovery ascertained.
—*Pacific M. and S. Journal.*

Editor's Book Table.

[NOTE.—All works reviewed in the columns of the CHICAGO MEDICAL JOURNAL may be found in the extensive stock of W. B. KEEN & COOKE, whose catalogue of Medical Books will be sent to any address upon request.]

The Practice of Medicine. By THOS. HAWKES TANNER, M.D., F.L.S., M.R.C.P., F.R.S.L., etc., etc. Fifth American, from the sixth London edition; thoroughly revised. Philadelphia: Lindsay & Blakiston. 1870. Pp. 1200, cloth. \$6.00.

Dr. Tanner's "Practice" is very popular in England, the last edition, July, 1865, having been exhausted a considerable time before the author's large professional practice permitted him to revise and enlarge the work. It is the record of the learning and experience of an accomplished practitioner who had well illustrated the truth of Dr. Arnold's remark which he says has lessened the labor and anxiety incident to the preparation of each new edition: "That so long as you humbly learn, so long you may hopefully teach."

Not much space is given to general considerations, but his descriptions are uniformly both concise and perspicuous. He aims to give the student and busy practitioner that instruction which he needs for the immediate application of the art. Hence the therapeutic portion of the book may be said to contain its distinguishing characteristics. This is illustrated in the Appendix of Formulæ, constantly referred to in the text, which alone contains 117 pages. Under this heading, however, he refers to dietetic preparations, particular localities sought on account of their climate, and to the prominent mineral watering places.

Many practitioners object to the books that they are too indefinite in their therapeutic suggestions, but no such fault can be found with Dr. Tanner. He believes in actual medication, and although individuals may differ from him as to some of his methods and means, there is no mistaking his advice. A practitioner thoroughly grounded in the principles of medicine may, nevertheless, oftentimes be at a loss for the particular means to be used in the case

before him, and here Dr. Tanner's book will about invariably afford him ideas by which both his patient and himself will profit. The sciolist will be likely to degenerate into bald routine by its easy chart. The amount of additional matter in the present edition is about 365 pages.

A Treatise on the Theory and Practice of Obstetrics. By WM. H. BYFORD, A.M., M.D., Professor of Obstetrics and Diseases of Women and Children in the Chicago Medical College, etc., Author of the Practice of Medicine and Surgery applied to the Diseases and Accidents incident to Women, Chronic Inflammation of the Unimpregnated Uterus, etc. New York: William Wood & Co., 61 Walker street. 1870. Pp. 457. \$4.50.

The late period in the month at which this treatise was received prevents extended notice. Prof. Byford has been long and favorably known to the professional public by his numerous communications to the medical press, his previously published elaborate books, and by his widely extended private and consultation practice.

Long and varied experience, scholarly habits of study, and excellent original capacity, have enabled him to lay before the profession contributions to the general stock of knowledge which deserve and receive the meed of high favor. He has achieved enviable success among medical writers.

The present volume is thoroughly practical in its character, with numerous woodcut illustrations well adapted to explain the text. Not much space is devoted to the discussion of mooted points, the author usually dismissing them with a simple announcement of his own opinion. We notice that he mentions favorably in cases where mere extraction is sought, Prof. Evans' Obstetric Extractor. Taken as a whole, although obliged to dissent from some of his views on certain points, we take pleasure in commending Prof. Byford's book as fully up to the times and a successful exposition of the subject.

On Microscopical Manipulation; being the Subject-matter of a Course of Lectures delivered before the Quekett Microscopical Club, January—April, 1869. By W. T. SUFFOLK, F.R.M.S. Illustrated with forty-nine engravings and seven lithographs. Philadelphia: J. B. Lippincott & Co. 1870. \$2.00.

A capital little book, precisely what is needed by amateur microscopists. It is briefer and more compendious than that of Beale, and we have no doubt will become highly popular as a hand-book. It contains chapters on Construction of the Microscope; Mechanical Processes; Mounting Objects Dry and in Balsam; Mounting Objects in Fluid; Illuminating Apparatus; Polarized Light; Drawing and Micrometry; an Appendix on Apparatus, with concluding notes on practical points. The illustrations are excellent.

Pamphlets.

A Guide to the Examination of the Urine. For the Practitioner and Student. By J. WICKHAM LEGG, M.D., M.R.C.P., Physician to the St. George, Hanover Square, Dispensary. Second edition. Philadelphia: Lindsay & Blakiston. 1870. Pp. 89.

This is a little manual with flexible covers, containing a succinct statement of the more important characters of the urine and how to determine them, with an appendix describing the manner of estimating the urea, chlorides, phosphates, sugar, etc., by volumetric or other rapid analysis.

Sun Stroke and its Theory. By ELY VAN DE WARKER, M.D., Syracuse, N. Y. Reprinted from the N. Y. Med. Jour. D. Appleton & Co. 1870. Pp. 24.

The author discusses the history and statistics, diagnosis, prognosis, theory, pathology, treatment and prophylaxis. He has

collected in small space much valuable material. He recommends the cold douche carefully employed so as not to produce too profound sedation. If the patient can swallow, teaspoonful doses of brandy and chloroform, or other diffusible stimulant. Sinapisms, etc., to combat insensibility or sedation. Purgative enemata, followed by an enema of turpentine. Venesection is not commended, and in the convulsive form the douche should not be used. Chloroform in these cases has been advised, but in some cases seemed to hasten the fatal result. Warm baths with mustard, and the free administration of brom. pot. are suggested. Spirit drinkers and those who expose the neck or wear dark clothing are the most liable to be attacked.

Sir Charles Napier, when serving in Sindh, says of an attack of insolation he suffered there: "I had hardly written the above sentence, ten days ago, when I tumbled over by the heat with apoplexy; forty three others were struck, all Europeans, and all died within three hours except myself! I do not drink! That is the secret. The sun had no ally of liquor among my brains." Light clothing, the head and neck protected from the direct solar rays—better by a dampened handkerchief or even leaves under the head covering. "The only head dress worn by the natives of Abyssinia is a lump of butter, which by melting runs down the neck and shoulders and prevents their drying in the intense heat."

When the case presents itself, it is indispensable for correct prognosis and treatment that its individual peculiarities should be thoroughly appreciated. Dr. Van De Warker has done well in pointing out a number of essentially diverse conditions usually confounded under a common designation.

Remarks on a New Medium for Preserving and Putting up Pathological and Anatomical Specimens. Invented by EDWARD CLAPHAM, M.D., etc., Professor General and Micros. Anat., Medical Dep. Iowa State University. Also, by the same author: *The Introduction and Use of Arsenite of Soda, as a powerful and advantageous Antiseptic, in the Preparation of Cadavera for purposes of Practical Anatomy.* Pp. 12.

Prof. Clapham explains the advantages of the ordinary benzole of commerce, over alcohol, glycerine, etc., in the preservation of

soft preparations, in that it does not become discolored by contact with the animal fluids, or cause shreddiness or disintegration of them. It remains free from turbidity however much debris may subside. It does not bleach. Its great brilliancy and high refracting power endow it with superior advantages for displaying dissections of great delicacy and minuteness. Its trivial cost (about one-eighth that of alcohol), and resistance of low temperature where dilute alcohol speedily congeals. In the pamphlet directions are given for its use. Prof. Clapham claims priority in the introduction of this agent for this purpose.

The appendix, on the use of arsenite of soda, contrasts the use of this agent with other antiseptics commonly employed, and gives general directions for its preparation and application. We hope to hear further from this accomplished chemist and anatomist.

Some Clinical Observations on the Malignant Diseases of the Uterus. By FORDYCE BARKER, M.D. Read before the N. Y. Academy of Medicine, Feb. 17, 1870. Pp. 32.

Dr. Barker is an indefatigable worker, and observes with a good brain back of his eyes. It is true, scarcely any body else has as good luck as he has in the treatment of pseudo-membranous croup with turpeth mineral, but we can readily overlook this drawback in the light of his varied and excellent contributions to the progress of medical science and art. In the present monograph he does not discuss the pathology of the malignant diseases of the uterus, other members of the Academy having recently covered the ground.

Under the head of Frequency of the Disease, he inclines to the opinion that it is, relatively, as often met with in the country as the city. From the tables of the Registrar General, it appears there were in England from 1838 to 1842, 3,000 deaths from cancer of the uterus. In France, in the department of the Seine, from (and inclusive of) the year 1830 to 1835, there were 2,480 deaths from the same cause. From the mortuary records of New York city, there were 431 deaths from cancer of the uterus in the ten years ending Dec. 31st, 1865. The deaths during the three succeeding years and the first nine months of 1869, were 298. Comparative statistics show the Parisian mortality from this cause to exceed that of New York in the proportion of 413 to 79 annually in the years compared.

It would appear that the African race are comparatively exempt from the disease. With regard to the *Etiology* we deem Prof. Barker's remarks eminently worthy of quotation:

"Now, to my mind, all that these statistics prove is, that a vitiated constitution—a diathesis, whether it be inherited or acquired, whether it be tuberculous or cancerous, may predispose to the development of cancer. All the other causes which authors have assigned as predisposing to this disease, amount to just this and no more. I should say, then, nothing is known in regard to the *etiology* of this disease, as science, up to the present time, utterly fails to explain what are the causes of this special form of heteromorphous development. I shall add, there is no evidence that the *disease* is, in any proper use of the term, *hereditary*. The *diathesis* is, undoubtedly, often inherited. But it does not follow that the child of a parent who has died from cancer necessarily or even generally inherits the diathesis; for both the diathesis and the disease of the parent may have been acquired subsequent to the conception and birth of the child."

Not only this, but it should be remembered that the child has *two* parents, and peculiarities of organization result from this conjoint origin which may give the child a "constitution" or "diathesis" totally diverse from those of the parents—crudely expressed in "crossing of the breeds" in animals. The tendency towards death or disease in individuals, is usually better observed in brothers and sisters than in parents and children. One of the profoundest truths in etiology is contained right here. The *diathesis*, which in a parent may ultimate in tuberculous or cancerous cachexiæ, in diabetes, Bright's disease, paralysis, insanity, or inveterate cutaneous eruption, etc., etc., etc., by the controlling influence of joint parentage, climatic, dietetic, and, indeed, any and all other influences capable of affecting the body or its parts in anywise, may show its effect in a manner totally dissimilar in the child. There is a sense in which all diseases are hereditary—hereditary as tribal and national resemblances.

Dr. Barker's record of the comparative frequency of the forms of malignant disease of the uterus is as follows:

Cancer of the uterus,	-	-	-	-	-	487
Cauliflower excrescence,	-	-	-	-	-	18
Corroding ulcer,	-	-	-	-	-	6
Recurrent fibroid,	-	-	-	-	-	3

Scirrhus is "one of the rarest" forms, and colloid "very rare." He accepts the distinction between cancer and cancrroid: the latter, or locally malignant form, is often extirpated and does not recur; the former is cured, if ever, so infrequently that the cases may be recorded as exceptional.

The monograph does not detail the symptoms systematically, as other authors sufficiently indicate them. Vaginal discharge, pain and hemorrhage are the three most prominent and characteristic symptoms. Primary symptoms are usually slight. None of the vaginal discharges are pathognomonic. Contrary to our own idea he asserts there is nothing peculiar or characteristic in their odor. In his experience pain rarely occurs as a prominent symptom until the disease is far advanced. In a large number of cases he has been struck by the absence of all appearance of cachexia up to the time of death. Peritonitis occurred in a large proportion of cases. Disorders of the urinary apparatus, etc., ordinarily only in the advanced stages.

Credit is given to Dr. Henry Bennett, of London, for the best exposition of the diagnosis of malignant disease of the cervix, and to Sir James Simpson for that when its primary seat is the mucous membrane of the body, and to Grailly Hewitt for that which is primarily interstitial in its seat.

The author observes: "In cases where vaginal examination fails to detect disease of the cervix, I regard hemorrhage, coming on spontaneously some years after the climacteric, as almost conclusive evidence of malignant disease, for I have never known polypi or fibrous tumors to bleed, for the first time, any considerable period after menstruation has ceased."

As to the duration of the disease, Prof. B. says his patients have almost invariably outlived his expectations as based on the statements of most authors. In 26 cases under his own observation the average duration was three years and six months. In one case the patient is still living although the diagnosis is unmistakable, the cervix gone, etc., although it was made out eleven years since.

Notwithstanding the despondent impression which the young practitioner is likely to get from the systematic treatises on gynecology, the author assures the reader that much can be done in the way of palliation and prolongation of life. "We can certainly

improve nutrition, relieve pain, secure sleep, and arrest the offensive sanious discharges and hemorrhage, and thus notably prolong life and make it tolerable to the end."

For constitutional treatment the author first names arsenic: Three drops of Fowler's Solution to be taken always after eating. Next, he mentions the Missisquoi water of St. Albans, Vermont, but says none have gained relief from the bottled waters—they must take it at the Springs.

Dr. F. A. Burrall treated a case, with apparent cure, of cancer of the breast, with external applications of carbolic acid and glycerine, and internally sulph. quinia and carbolic acid. A tablespoonful of the solution of sulphate of quinia, (four grains to the ounce of water) with three drops of the solution of carbolic acid (two drops being equivalent to one grain of the crystals) was taken three times a day.

Such cases, to Dr. B., are of weight in sustaining the opinion of Mr. Moore, that the disease has a local origin, developing secondarily a blood contamination.

Locally, he thinks the knife preferable to the *ecraseur*, but that the operation is not to be thought of if the disease exist above the vaginal attachment of the cervix, or involve the mucous membrane of the vagina, or where there is any evidence of its existence in any other part of the body.

As to cauterizations he has strong conviction that they are often very useful in arresting the ulcerative process; in diminishing the profuse discharges, and thus saving the strength of the patient; in correcting the fetor, and thus lessening the chances of septic absorption. At an early stage the progress of the disease is manifestly retarded by their use. He employs principally the actual cautery, the acid nitrate of mercury and the chromic acid. When the disease has not extended to adjacent organs the actual cautery is most frequently applied. The acid nitrate in cases where granulations sprouting from the interior of the cervix show a tendency to bleed. This agent involves a strong tendency to salivation in broken-down cachectic habits, and is therefore often objectionable.

In cauliflower excrescence, where the disease has extended beyond reach of the knife, he applies carefully, with a camel's hair brush, solution of chromic acid (100 grains to the ounce of water.)

Usually this application does not involve pain, but one case is given where, six hours after, the most intense suffering ensued, requiring the persistent use of chloroform. From the report of Dr. Prouth, of London, he is disposed to try, when a proper case is presented, the bromic solution recommended—Bromine, gr. v.—x. to fifty minims of spirits of wine.

Among palliative measures, Dr. B. makes the reasonable proposition that the fear of making the patient an habitual opium eater, ought not to deter from prescribing that potent anodyne in this fearful disease. Belladonna, hyoscy. and cannab. indic., etc., are comparatively inefficient. Hydrate of chloral in full (30 gr.) doses, at bedtime, gives one of his patients a night of blissful sleep instead of distress and suffering.

In those cases where there is extreme sensitiveness of the ulcerated surface, pessaries of iodoform are useful.

R.	Iodoform,	-	-	-	-	-	-	-	-	-	-	gr. x.
	Butyri Cacao,	-	-	-	-	-	-	-	-	-	-	3j.
	Glycerine,	-	-	-	-	-	-	-	-	-	-	gtt. v.

M. One pessary.

This also serves to correct fetor. A drachm of iodoform to the ounce of lard is also a useful ointment. As lotions to correct the odor, etc., solutions of bromine, permanganate of potash and carbolic acid are recommended—these to be carefully introduced so as thoroughly to wash the affected surface.

Want of space and time prevents further notice of this valuable paper.

Braithwaite's Retrospect of Practical Medicine and Surgery.

Part LXI. July. Uniform American Edition. New York: W. A. Townsend & Adams, publishers. 1870. Pp. 299.

The current No. of Braithwaite is one of rather more than usual excellence, and of course will be procured as soon as its issue is made known, by every physician who has the least desire to keep pace with the profession.

The Half-Yearly Abstract of the Medical Sciences. Being a Digest of British and Continental Medicine, and of the Progress of Medicine and the Collateral Sciences. Edited by WILLIAM DOMETT STONE, M.D., F.R.C.S. (Exam.) vol. LI., July, 1870. Philadelphia: Henry C. Lea. Pp. 296.

Reform, Medicine and Morals, No. 3. An Address delivered before the Onondaga Medical Society, at Syracuse, N. Y., June 14, 1870. By J. A. Mowris, M.D.

A vehement attack on the utero vaginal specialty with all its paraphernalia of speculums, *porte caustiques*, pessaries, and gags. The writer characterizes this practice as the "speculoid" complaint, and charges the medical profession, by their indifference to it, as fostering one of the greatest medical absurdities of the age. We scissor a few paragraphs for specimens. Meanwhile we seriously apprehend the speaker has got himself into amazingly hot water.

"BASING a calculation on the *statements of the Uterine Specialists* as to the extent of their *trade* in a city of forty thousand, we discover in the uterus a susceptibility to derangement which may well astound the physiologist, alarm the friends of humanity, and impair veneration for Jehovah as the Maker of us all. The pretended revelations of the specialty teach that the "Great First Cause," in an attempt to create a harp of a thousand strings, exhausted itself on the last but one, and left the last to dangle at loose ends.

"But perhaps they proffer the convenient plea of 'new disease.' Very well. Nature then made a harp of a thousand strings, which went well enough for several thousand years, when with a revival of avarice, and the *advent of the speculum*, the harp fell hopelessly out of tune.

"The aggregate, from the basis before mentioned, is sufficient to supply every woman in the city about three applications of the speculum per year. Fifty per cent. of their number, six such operations; twenty-five per cent., twelve; twenty per cent., fifteen; ten per cent., thirty; and five per cent., *sixty operations*, which latter should certainly be enough to satisfy any speculator, and to cure the most obstinate case.

"We have thus disclosed to us an amazing prevalence of the 'peculiar' disease, or a remarkable number of patients undergoing a course of very diligent attention. Are all these really cases requiring treatment? Who believes it? Note the absurdity involved in the supposition. A like susceptibility to derangement in any *one* organ common to both sexes and all ages, would result, at once, in a grave popular calamity—an equal liability in *all* the other organs, would convert the world into a universal infirmary of helpless invalids.

Adam was the handiwork of God.
Was Eve the botch-work of a cobbler?

* * * * *

"Since this specialty has been courted by physicians hitherto reputable, it has been found convenient or necessary to defend it with a cool assumption of '*professional superiority*.' Professional superiority! The claim being prompted by an emergency, rather than by sheer vanity, it should not be too severely resented, but still, it deserves not to escape scrutiny. This vaunted superiority must consist in tact or scientific knowledge. Can it be that this superior tact of which they boast is all displayed in the application of the instrument. *Further*, the accounts of the specialists' performances rest so entirely on interested testimony, as to be quite apocryphal. That the uterus has been made by the specialist the subject of remarkable skill, is not favored by the law of probabilities; for, in attempting to suppose it, we are confronted by the query, whether physicians who have always shown

a morbid solicitude to do their surgical skill where they may be seen of men, will be disposed to waste much of that precious commodity in secret."

But, positively, we dare not publish any more of this for fear that some of our friends will fancy they are our own sentiments, and their publication (facetiously) personal.

PAMPHLETS RECEIVED.

Transactions of the Indiana State Medical Society. 1870. Pp. 163. From the Secretary, G. V. WOOLEN, M.D., Indianapolis.

Report to the Faculty of the Med. Dep. of the University of Louisiana in Regard to the Convention of Medical Teachers lately held in Washington City.

The Physical Exploration of the Rectum: With an Appendix on the Ligation of Hæmorrhoidal Tumors. By WILLIAM BODENHAMER, A.M., M.D. Illustrated by numerous drawings. New York: Wm. Wood & Co., 61 Walker street. 1870. Pp. 54.

On the Origin of Diabetes, with some New Experiments Regarding the Glycogenic Functions of the Liver. By W. T. LUSK, M.D., Prof. Physiology L. I. Med. College. New York: D. Appleton & Co. 1870. Pp. 19.

Erotique Melancholy.

From a treatise by James Ferrard, Dr. of Physick, published at Oxford in 1640, we extract:

"The regimen, or order of diet, in cure of love melancholy, differs not at all from that that is to be observed in the prevention of it, save only that it ought to be somewhat more humectative and less refrigerative; not forgetting, in the meane time, those meats that by some certaine occult properties they have in them, are found to be very good for those that are sick of this disease; as the turtle-dove, the heart of a wolfe, young owles taken and boyled in the juyce of marioram, the flesh of rats, and the like. And if the party be fallen away in his body, and is now grown very thin and dry, you must then prescribe him the same order of diet, according to Avicen, as you doe to those that are hecticall."

Dr. Ferrard does not recommend traveling in the cure, for "as one of the seaven Grecian sages said, change of place neither takes away folly nor teaches a man wisdom." Which is applicable to some other travelers also.

Editorial.

The Apostolic Succession.

At the recent semi-annual meeting of the Minnesota State Medical Society, Dr. Solomon Blood expressed his regret

"That Dr. Stone chose the name which he did for the new journal. *The Chicago Medical Examiner* was first published under the same name, and I now have in my possession eight or ten volumes of the 'Northwestern Medical and Surgical Journal.' I have made hundreds of pages of references to the 'N. W. M. & S. Journal' in my note book, and wish that the name of this one might be changed."

We cordially agree with Dr. Blood in the desire that the name of our young but promising contemporary should be changed, for the same reasons which prompted our predecessors in the editorial conduct of this Journal to drop the cumbersome and inappropriate prefix Northwestern. St. Paul is no more, relatively, in the Northwest than Chicago was fifteen years since. The *Oregon Reporter* would have done better to take this designation than the one now used by several of its contemporaries, and it is in the Northwest. The prefix "Surgical" is obviously unnecessary. No one speaks of the Medical and Surgical profession, for the term Medical strictly embraces both, and the second prefix is mere tautology. But this is a matter of taste which, with the Minnesota Society, we refer to Dr. Stone—suggesting to him, however, that his contemporaries who will, of course, extract largely from his pages, would be pleased at relief from writing out the "Alexandrine" at the end of each of their scissorings. Just imagine the discomfort involved in quoting a passage from our Boston contemporary: "*The Journal of the Gynecological Society of Boston.*" We positively omit many capital scissorings from that organ of the woman specialty, merely to avoid the manual labor of writing out its sesquipedalian title, and then invariably correcting the printer's proof which puts *æ* instead of *æ* every time. "What's in a name?" A great deal too much, very often.

But just now our object is to correct the misapprehension into which Dr. Blood has fallen. "*The Chicago Medical Examiner*"

was never published under the name "Northwestern Medical and Surgical Journal," but was started *ab initio* in 1859. It is not in the *succession*. This Journal is the legitimate and only successor and representative of the old "*Northwestern*," etc. etc. It is now in its twenty-seventh year, and, we are happy to say, in the most prosperous condition it has ever known. The present writer expects to continue in its editorial chair for the next quarter of a century of its career, or, at least, as long as it may be in his power to assist the cheerful monthly mentioned by Dr. Blood, in its appointed work of "elevating the profession"—by "blowing it up."

We have upon our shelves a complete file of the "Illinois M. & S. Journal," then the "Northwestern M. & S. J.," and since then the plain *Chicago Medical Journal*. We have its old mail books and ledgers, and, alas, its thousands of dollars of uncollected subscriptions, which our present publishers, fortunately for themselves, refused to have anything to do with, preferring the exclusively "cash-in-advance" system for the future. We will sell out the arrearages to any ambitious medical gentleman who wishes to start a new medical journal here or elsewhere.

To Correspondents.

We cannot undertake to write out opinions on cases presented from practice, for which we are frequently solicited, without the usual *honorarium*. But if such cases are reported in shape for publication in the *Journal*, we will reply through its pages, or ask our correspondents to do so. It has become necessary for us to make this announcement, because the matter of answering letters upon all conceivable (and some inconceivable) cases, has become burdensome to a degree which none but an editor can appreciate.

A Modern Miracle.

The *N. W. Christian Advocate* is responsible for the statement, (Aug. 10, 1870), that a few days since at the Oakington Camp Meeting, a Mr. Perkins of Cecil county, Md., who

"Had been laboring under a serious embarrassment of speech by stammering, which interfered with his usefulness, and he had entered into solemn covenant with God, that if He would restore to him his speech, he would solemnly engage to use his voice only

to the glory of God, and to speak for the honor of his Master, whenever opportunity occurred. While he prayed there seemed to come upon him a peculiar unction from on high and he fell prostrate on the ground, and when enabled to rise again he began to praise the Lord with a free tongue, and came into one of the experience meetings, testifying that God had healed him soul and body. On every occasion thereafter during the meeting he spoke to the glory of God and with much liberty."

The physiological suggestions from this case are obvious.

Dr. A. McFarland,

Late Superintendent of the State Hospital for the Insane at Jacksonville, presents himself in an able letter to the electors of Morgan county for a seat in the lower house in the next legislature. The reasons which impel him to the step are lucidly set forth, and, independently of politics, of which we know little and care less, we hope our Morgan county fellow-citizens will honor themselves by sending this high-minded, intelligent gentleman to represent them. Scarcely another man in the State is more competent to deal with the great interests involved in our eleemosynary institutions. It appears that an attack, intended in the first instance to be personally upon Dr. McF., in the event became the prime cause of placing upon the statute book of Illinois, one of the most atrocious pieces of legislation that ever disgraced a deliberative assembly. Practically, we know it to be oppressive and absurd in the last degree.

A brief extract from Dr. McF.'s letter sets forth the fact clearly, and we do not need to apologize for introducing it.

"Among the base measures used by an unscrupulous ring, was a simultaneous attack on all State interests of Jacksonville. The attack got an especial point as regards myself from the appearance on the stage, at this particular time, of an insane woman, whose rebuked free-love advances gave to her malignity all the venom proverbially attributed to the 'woman scorned.' Of all that followed for a year afterwards, at the cost, to the State, of many thousands of dollars, with no result except to enable an ambitious politician, of little capacity and less principle, to figure for his brief hour on the stage, I make no mention—the whole being too purely personal, and only touched upon here as prefatory of the particular matter I wish to introduce.

"Among the devices conceived to annoy and punish the individual particularly aimed at, was an enactment, speciously entitled: 'An Act for the Protection of Personal Liberty,' clearly intended as a stinging insult to the Superintendent of the State Hospital; imputing to him a disposition to commit a high crime against the liberty of the innocent unfortunate, and

appending the most degrading penalties known to the law for the offense. An act to prevent John Brown, of a particular city, street and number, from stealing sheep, could be no more justly offensive to the John Brown indicated than is this enactment to myself. But the personal affront, attempted in the passage of the act, bears no proportion whatever to the wide-spread and cruel wrong it has inflicted on the class it is ostensibly intended to benefit. Its first effect was to draw from the quiet of their apartments nearly all the inmates of the State Hospital, and subject them to the mockery of a new inquisition—a measure full of disaster, but for the rare good sense and discretion of a Morgan county court and jury. Since that period no individual in Illinois, whatever may have been the circumstances of sex, age, physical health or residence, who has needed treatment at the institution, but has had to pass the harsh ordeal laid down in this most singular statute. It converts every unfortunate insane person into a DEFENDANT IN A PROSECUTION, in which the dearest friends of the party are, in the necessity of the case, converted into apparent enemies. It often takes the invalid from the bed of sickness, to be transported, perhaps miles in an opposite direction from the institution, to a county seat, there to be adjudged by the ignorant hangers-on of a court house, who must hear, prior to their decision, the secrets of the family and the sick-room laid bare as the accidents of the case may determine. What should be decided by a county judge, in the privacy of his chambers, and upon the certificates of medical men, is made to depend upon the haphazard opinions and caprices of men grossly ignorant of the subject before them, the obvious effect of which frequently is to defeat the most kindly intentions of friends, and consign to hopeless insanity many whom a more ready access to the institution would have restored to reason and society. This enactment has met the derision, and received the protest of every philanthropic mind throughout the land. Persons of any sensibility who have the means, evade it by transporting insane friends to distant private institutions. Within a year, the ecclesiastical head of a great religious body, and also a member of the convention chosen to frame a new constitution for the State, have been carried out of the State rather than be submitted to so odious an inquisition. The imagined wrong it was pretendedly set up to correct, thus affords a pretext for a greater possible wrong, in this constant abduction."

Original Communications.

The completion of several valuable communications intended for the present No. has been prevented by the illness of the writers, of which we were not informed in season to obtain others. We have secured a corps of regular contributors that will usually keep our pages stocked with original matter.—All jokes, from whatever quarter, positively excluded. This out of deference to the American Mentor of medical journalism. However, that sufficient variety may be afforded to our readers, a reasonable latitude will be allowed correspondents. The use of calomel in *sedative* doses, bichromate of potash, and turpeth mineral in true croup, will not be considered infringing upon the rule against jokes.

News and Gossip.

Yale College records show that twenty-five per cent. of its students never marry. Prof. Loomis, of Harvard University, (*Oregon Med. Reporter*.) says also that the statistics of another of our first-class Universities show that five hundred and thirty-five graduates out of nine hundred and ten never marry. Prof. Loomis advances this startling statement: "Men who complete their professional education at or before twenty-one are, as a class, incompetent to perpetuate the race. They have sometimes one, may be two children, but seldom large families. The brain-work of collegiate life so completely deprives the individual of the vitality necessary for the proper development of the generative organs, that our most noted educated men are childless, or have but one or two children. Large portions of our present college students do not even desire married life, and those who do are not able to perpetuate the race." "Important, if true."

DR. N. M. LOGAN, of Cincinnati, in a very excellent article in the *Lancet and Observer*, on the Pathology and Treatment of Tuberculosis, recommends to the profession nitric and muriatic acids in the treatment of pulmonary phthisis. Nitric acid he administers in doses of forty drops of the officinal dilution in a couple of ounces of water, immediately after each meal. The muriatic acid he prefers in the combination *tr. ferri chloridi*, giving this in thirty- or forty-drop doses, sufficiently diluted, half an hour before each meal. He does not expect to supersede by this treatment cod liver oil, suitable food, good hygiene, and other valuable and important measures, nor to remove the tuberculous diathesis, but commends it as having a great superiority over the most recent recognized therapeutics. He considers alcoholic stimulants as being worse than useless, except in cases of extreme exhaustion. A tabulated series of cases is given, sustaining his position. We are ready to indorse this use of the mineral acids, having been accustomed to employ them for this purpose, and inculcate their administration in our teachings at Rush and other medical colleges for many years. These acids furnish the best known succedanea for alcoholic stimulants in about all cases, with the inex-

pressible advantage that they do not involve the atrocious physical and moral results of habitual alcoholism. Alcohol *per se* has no relation to the cure of tuberculosis or typhoid fever, unless it invigorates nutrition and favors elimination. Neither it nor the mineral acids is a *specific* for these, or even snake bites. Nitric acid, in our experience, is preferable to any of the other mineral acids, both as being more agreeable to the stomach and more energetic in its subsequent influences. But if it does not energize the processes of digestion, repair and elimination in any given case, it will prove useless. The great remedial agencies in tuberculosis are no pitiful drops or magic mixtures, but an entire re-adjustment of all the influences which surround the individual. Mere medication in such cases is temporizing at the best. The patient of phthisical tendency must be warned in time, and, if necessary, put the width of the continent, or the earth's diameter, between him and the concurrent causes which are threatening his existence.

The State Med. Soc. of Ohio passed a resolution petitioning the Legislature to make it a penal offense for any persons but regularly educated physicians to perform the operation of vaccination.—Extreme mercurial treatment of constitutional syphilis is recommended by Prof. LEBERT; he directs suppositories of mercurial ointment, with butter of cocoa.—M. Mehu, Pharmacien of the Necker Hospital, commends this formula for a preservative fluid for specimens: Arsenious Acid, 20 parts; Cryst. Carbolic Acid, 10 parts; Alcohol, 300 parts; Distilled Water, 700 parts.—A correspondent of the *Chicago Pharmacist* gives a "Quick way of extinguishing mercury." [Why did he not communicate it to an "Eclectic" paper?] He shakes a fluid dram of Tinct. Tolu, with three ounces of Mercury, in a strong two-ounce vial, whereby the fearful metal is readily reduced to a state of minute division, ready for admixture with fatty or other matters.—A correspondent of the *Philadelphia Reporter* has cured a case of "consumption" by excising an elongated uvula.—MR. HENRY LEE treats *navi* by passing needles under the skin, and producing pressure by twisting above them India rubber threads. The pressure produces sloughing, and then the flaps are brought together, and union favored.—According to the J. G. S. B. the Massachusetts Medical Society proposes to expel from

its membership habitual abortionists. — Dr. Luther Parks has retired from the editorial chair of the B. M. & S. Journal which he has ably filled, and is succeeded by Francis H. Brown, M.D., editor, and H. H. A. Beach, associate editor. "Let us have peace." — Catheterism of the larynx is recommended by Dr. Weinlechner, of Vienna, as a safe and rational resort in some cases which would otherwise require tracheotomy. — A nephew of the recent Sir James Simpson has been appointed to his vacant chair. Much feeling exists at the appointment, as many thought Dr. Duncan should have had the place. — Von Graeffe, the distinguished oculist, is dead. — The Newton, whose miraculous cures in this country a few years since will be recollected as akin to the wondrous effects of homœopathic pellets and dilutions, had a brief season of prosperity in England, but this was followed by a sudden decadence of popularity, a mob and threatened lynching; he escaped only by acrobatic feats, which show that his accomplishments are not only spiritual but carnal. — Iodoform is gradually gaining upon the confidence of the profession as a local application to bad conditioned sores, etc. Its internal use is not largely chronicled. Won't somebody report cases enough of its use to start it on its travels? — In the use of Tannin as an antidote for Strychnia, from twenty to twenty-five parts of the former should be used for one of the latter. — Oil of Yellow Sandal Wood is the latest "sure cure" for blennorrhagia. — The *Revue Therap.* gives several cases of relief of abdominal tympanites by puncture with a thin trochar. A neighbor of ours relieved a *cow* of similar trouble by stabbing her with a jack knife. — A correspondent of the *Philadelphia Reporter* records a case of fracture of the tibia from muscular contraction alone. The party was not colored. — Poisoning with Veratrum is recommended in case of poisoning by Opium. In a case (from the *Reporter*) eighteen drops of Norwood's Tincture were given, in two ounces of brandy, to a person deeply narcotized by Opium, and "in an hour by the watch every symptom of Opium poisoning had disappeared. — An English physician recently wrote the following prescription: R. Argenti Oxidi gr. xlvij, Morph. Muriat. gr. j, Ext. Gentianæ q. s. M. Make 24 pills and silver them. The lady for whom they were prescribed put the box in her bosom for safe keeping.

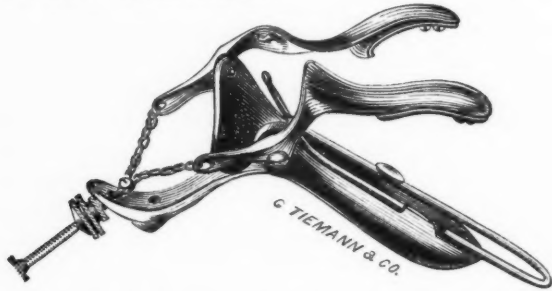
The heat of the part caused the compound to explode in about three-quarters of an hour, with resulting destruction of linens and laces, together with a severe burn of the breast. Our contemporaries are exercised at the idea of a similar gastric explosion.—

One part of Tannin in sixteen parts of Glycerine is to have dipped in it a bit of lint, and the lint is then to be introduced to the rectum in case of fissure of the anus. Van Holsbek says that he has thus cured fissures which resisted division of the sphincter.

—A new paper has been started in New York as the organ of superfine Positivism, which accepts as waymarks on the high road of progress the crudities and twaddle of Darwin, Spence, *et id omne genus*, believes in "humanity" as the true God, and "regards the worship of an unknowable God as a rank absurdity. Suggests marriages by contract, extending to two or five years only; thinks the old feudal custom of giving the lord of the manor the first privilege of every marriage among his retainers, was useful in improving the blood of the commoners; hints at the propriety of men who are incompetent to beget first class progeny, inviting men of superior strain of blood to the marriage bed; more than intimates that Pierrepont Edwards by his numberless adulteries and fornications did a good thing for Connecticut by distributing a good deal of the blood of his noble father, Jonathan Edwards; believes the 'Social Evil' by no means an unmixed evil, but likely to be ameliorated by polygamy or marriages of limitation," etc., etc., etc. All of which remind us of the old remark, that it is impossible to say anything so absurd but what has been advocated by some of the philosophers. And, again, the follies which astonish us in the medical world—infinitiesimals, animal magnetism, womb burning, Newtonism, and hobby-riding in general—find their parallel in other fields of thought and study. When a man once permits himself to swing clear from common sense, there is no measuring the tangent or paradoxical curve he will describe. All healthful progress is achieved not by jumps or saltatory efforts of any kind, even in medical conventions, but by the slower and surer process of growth.

Loot.**Nott's Improved Speculum.**

By the kindness of Messrs. Bliss & Sharp we are enabled to present an electrotype of this instrument for which the inventor claims the following advantages:



"1. No instrument hitherto devised can be more easy to introduce.

2. It can be equally well used in the semi-prone position or on the back.

3. While elevating or depressing the perineum, its feet are so constructed as to expand the *ostium vaginae* to any desired extent.

4. It is perfectly self-retaining, without any arrangement external to the vagina.

5. In the semi-prone position it has the same advantage of atmospheric pressure as the lever speculum of Sims, and when the patient is on the back, by elevating the hips with a cushion or pillow, you have the same advantage of atmospheric pressure.

6. I use the instrument almost entirely with the patient on the back, because I can do everything I wish to do with more facility; and because the light from any window is more easily commanded. The concave surface of the speculum looking upwards, catches and throws the light fully on the anterior wall of the vagina and os uteri.

7. For all ordinary manipulations, where no cutting is required, instead of a table, any common bedstead or couch will command the light sufficiently from almost any window to give a good view. Baker Brown, in his operations for vesico-vaginal fistula, while using Sims' speculum, places the patient in the lithotomy position.

8. Like Sim's speculum, mine does not stretch the vagina *longitudinally*, and therefore allows the os uteri to be drawn down with a tenaculum near to the vulva.

9. The anterior wall of the vagina being left free, more space is afforded for operations.

10. With this speculum there are few operations that cannot be easily performed without an assistant.

I have also added, in some of the instruments, a small tenaculum, two inches long, with a little chain, any link of which may be made to catch on to a knob at the heel of the instrument. With a pair of forceps the tenaculum is fastened into the anterior lip of the uterus, and then drawn out and fixed at any point we desire.

I should remark that I have not yet tried this instrument in a case of vesico-vaginal fistula, and do not think it would answer well in any but small openings. By shortening the feet of the instrument, however, they would be out of the way, and the instrument would still be self-retaining. The feet need only be long enough to curve around the rami of the pubes, and thus not press upon or stretch the bladder; with this alteration I see no reason why it should not answer well for vesico-vaginal fistula."

Several of our friends who have tried it, think this the best speculum in use.

Is Syphilization to be Recommended for General Adoption?

We extract the following from an able article, by Freeman J. Bumstead, in the *American Journal of Medical Sciences*:

"In the preceding pages I have said much in favor of this method of treatment, and I have endeavored to give it its full credit. From what I have personally witnessed, and from the accounts of others, I believe that it is a very effective method for the treatment of syphilis. I cannot say that I am fully convinced of the very small number of relapses after 'syphilization' alleged by its advocates; not that I for a moment doubt their honesty, but results so favorable as this should be confirmed by others less enthusiastic, and less interested, before demanding implicit belief. Should further examination and experiment show that only twelve or fourteen persons out of every hundred infected with syphilis and treated by repeated inoculations, ever exhibit any return of the disease, this method will have established very high claims in the treatment of syphilis, whenever circumstances will permit its being carried out, as it may be in our hospitals and other eleemosynary institutions.

"But, judging from what I have seen of the practice, nothing less than a very strong probability, in case I myself had syphilis, that the disease, if left alone, or if treated by mercury, would terminate disastrously, could induce me to undergo the personal discomfort, and for the length of time, which I have witnessed in the patients at Charity Hospital.

"This *debit* side of the account, I cannot believe, is fully appreciated by the advocates of 'syphilization' in their enthusiasm for the *credit*. The former, in fact, is apparently not regarded by them as deserving of mention. Upon inquiry of Prof. Boeck, I am told that this plan of treatment is usually carried on without any interference with the patient's ordinary avocations; that the inconvenience is even so light, that a husband or a wife who has gone astray and contracted syphilis, may undergo this series of repeated inoculations extending over a period of three or four months, and yet be able to pass off the resulting pustules and ulcerations, covering the chest, arms and thighs, as common 'boils!'

"What I have seen of 'syphilization,' as practiced by Prof. Boeck himself, would make it appear a less agreeable process than the above statement would imply. To be sure, the treatment was new at Charity Hospital, and the patients were probably aware of the fact and more or less suspicious. Yet they kept their beds during the greater part of the three or four months that the inoculations were going on, although they had every inducement to be up and out upon the grounds; and it often required all our power of persuasion to lead them to consent to a continuance of the inoculations, so great was their discontent. Indeed, I never made a visit to the hospital without the fear that some of them had eloped, as actually happened in three instances. They represented that the soreness of the ulcerations was so great that they could scarcely endure the contact of the bedclothes, much less that of their daily dress, and the appearance of the sores corroborated their statement. I cannot well imagine how persons in their condition could have been about attending to their daily business. When they left the hospital they bore scars over the chest, arms and thighs, which they will doubtless carry with them to their graves. Moreover, the serious tendency of an ulcer upon the thigh, in the case of Benner, to take on phagedenic action, shows that this practice is not devoid of danger. In short, I feel obliged to subscribe to the opinion expressed by Messrs. Lane and Gascoyen, that 'syphilization is not a treatment which can be recommended for adoption.' "

Practically, the facts seem to be that patients will get better even when they are covered with sores from this absurd practice, provided the destructive medication which it supercedes is followed

also by generous fare and attention to the great requirements of physiological therapeutics. Nature will eliminate very successfully in the majority of instances; the poison itself is a sufficient stimulus of disintegration, and a wholesome, nutritious diet will energize both, and afford at the same time new and healthy tissue. The inoculation of the virus, fortunately, as a therapeutic, rarely produces sores serious enough to materially impede the case, when the proper rules of hygiene are observed.

A Simple, Cheap and Efficient Substitute for the Stomach Pump. By John T. Hodgen, M.D., Professor of Anatomy, St. Louis Medical College.

About a year ago, I had a case of stricture of the œsophagus so narrow that my patient could not swallow even liquids. To sustain life I resorted to a small stomach tube (a gum catheter, in fact), as a means of injecting liquid nourishment; to this I fixed the elastic tube of one of Davidson's syringes.

On one occasion the vessel containing the liquid happened to be higher than the patient's stomach, and I observed while the syringe was not being used, that the fluid continued to flow into the stomach—the action being that of a syphon. I at once, to test the syphon, substituted a simple elastic tube for the syringe, and found the stomach could be as readily emptied as filled. Thus I conceived the idea of using a syphon instead of a stomach pump, and have used the same in a case of poisoning recently with the most complete success.

I attach four feet of India rubber tubing to a stomach tube, fill both with water by simply dipping it in the liquid end first, then compressing the elastic tube between the thumb and finger to keep the fluid from running out, introduce the stomach tube, lower the outer end of the elastic tube, and the contents of the stomach pour out as readily as if from an open vessel. When the fluid ceases to flow, I dip the outer end of the tube beneath the surface of water, elevate the vessel containing it, and the stomach is soon filled; lower again the outer end of the tube, and the stomach is emptied. This can, of course, be repeated as often as is necessary.

The advantages claimed for this simple contrivance are, that it may be almost improvised, is of speedy and easy application, has no valves to become obstructed or deranged, and is less expensive than a stomach pump.

The same principle may be applied in injecting fluids into the bowels, as indeed it has been for injecting into the bladder, uterus and vagina.—*Saint Louis Medical and Surgical Journal.*

In the *American Medical Recorder*, July, 1823, p. 583, Dr. Alexander Somervail, of Essex Co., Virginia, thus discourses:

"Take a flexible tube of proper size, and four feet long, one end of which prepared for passing into the stomach, and the other terminating in a funnel. When this is introduced into the stomach, water may be poured into the funnel, while the tube is kept perpendicular its whole length; by which means the stomach may be filled as an hydrostatic bellows; when this is accomplished, and the funnel full, if this latter is quickly turned down, so as to remain as low as its length will allow, all the liquid will run out again, as it will then be converted into a syphon. In this way it is believed the stomach may be filled and emptied as often as water can be poured through the funnel and tube into it.

"Perhaps in some cases the force of the syringe may be necessary in order to agitate the contents of the stomach, and mix it with the water, but in case of laudanum and spirits, these will mix with the water as readily as they would in a glass."

Which should suggest to Prof. Hodgen that "there is nothing new under the sun"—except Hydrate of Chloral.

The stomach pump itself was practically introduced to the profession by Prof. Physick in 1800, although claimed over twenty years afterwards by an English surgeon, Jukes, as a new invention of his own. It appears, however, that the idea was suggested by Dr. Alexander Munro, Jr., of Edinburgh, in his inaugural thesis in 1797, a fact of which Prof. Physick was ignorant until many years afterwards, when Dr. Munro incidentally mentioned it in his book on Morbid Anatomy.

Hydrate of Chloral.

Mr. F. E. Clarke extols (*Lancet*, April 16, 1870,) chloral as a palliative in malignant diseases. He regards it as the best palliative in cancer for alleviating pain, and by its beneficial effects it enables the constitution to hold out longer against the ravages of the disease, and "thereby afforded a much greater chance of spontaneous cure, rare instances of which occur by the sloughing of the entire mass."

Mr. Weeden Cooke, Surgeon to the Cancer Hospital, also bears strong testimony (*Lancet*, April 30, 1870) to the value of chloral for the relief of pain in cancer, and its superiority over other means hitherto employed for that purpose. As a night draught he has found twenty grains quite sufficient, but when the pain is persistent, ten-grain doses, three times a day, give the greatest satisfaction. There is no headache, no sickness, no loss of appetite, nothing to hinder the patient taking exercise, and, so far as the disease will permit, pursuing his usual vocation.

MATTOON, ILL., May 25, 1870.

Esculapian Society of the Wabash Valley met pursuant to adjournment; Dr. M. W. Wilcox, President.

The following members were present: Drs. Albin, Deming, Chambers, Johnson, Miller, Massie, St. Clair, Ringland, Swafford, Mosley, Steel, Pearman, Todd, Washburn, Willien, and Henry.

The minutes of the last meeting at Paris, Ill., were read and approved.

Dr. Willien's report on surgery was first in order, which was a paper occupying nearly an hour in its reading, and consisted of a statement of cases, and their treatment, together with many practical and original ideas. He made mention of the singular phenomenon, not usually observed, concerning the cessation of growth in the finger or toe-nails in cases of fracture of bones of the arms or legs; which fact it would be well to remember.

A case of irreducible strangulated brural hernia of right side. Kelotomy, and recovery.

Mrs. P—, resident of Effingham, Ill., aged 39 years, mother of five children, hernia of ten years standing, was suddenly taken sick, in July, 1869, with all the symptoms of strangulated hernia. All ordinary remedies failing, Drs. St. Clair, Lecrone, and he (the operator) decided to operate, as the only means of saving life. The symptoms were fast becoming more aggravated, vomiting of stercoraceous matter, etc., etc. 7th inst. Patient chloroformed. Tumor, size of large hen's egg, much inflamed, and very painful to the touch.

The operation was conducted after the usual manner, very little blood was lost; hernia reduced; wound closed with silk thread, ice applied in after dressing, opium internally.

Suppuration of wound on third day, a simple dressing then of carbolized glycerine and simple cerate. The bowels were moved freely on the seventh day by a dose of castor oil. Patient made an immediate recovery, and a radical cure was the result.

Next case was that of peri-uterine abscess. Supposed cause, perimetritis. Operation, and recovery.

Mrs. H. aged 27 years, mother of two children, in act of lifting a tub was seized with severe pain in back, followed by excessive uterine hemorrhage, with temporary loss of consciousness. She was four months gone in pregnancy, and miscarriage followed. The pain in back and sacro-lumbar region continued, with frequent stranguary and tenesmus of bowels. The preceding physician in the case (an irregular) had pronounced the cause of all the trouble a uterine polypus. When the patient desired its removal, he put her under the influence of chloroform and made traction on the neck of the womb; but, wearied out, he declared it would have to be removed by "escorotics." This course of treatment, fortunately, was never attempted. Dr. Willien saw her first in Feb. 1869, after an illness of three years. Symptoms, face pale with expressions of anxiety, pulse weak and frequent,

chilling, at night cold and abundant perspiration, pain in abdomen and lower bowels, constipation.

On examination, a tumor, size of large infant's head, extending above the pubis about three inches; was painful, fluctuating, and slightly movable.

Exam. per vaginal. Cervix inclined to right, its posterior labia enlarged; os partly dilated and granulated, from which a sero-sanguinous fluid issued of a very offensive character. The uterus was lower in the vagina than normal; distinct fluctuation in cul de sac.

Per rectum exam. Tumor easily defined and fluctuation evident. Ques. Was it an intra-uterine disease involving its normal structure, a malignant growth, or a peri-uterine abscess? The introduction of the sound showed a declination to the left. The neck was dilated by tent sponge, and uterus found exempt from tumor or disease; he then concluded it to be an accumulation of fluid between the peritoneal covering and tissues proper; was it serous, blood or pus? The history of the case led him to think it pus.

March 30. Patient anesthetized, a small trocæ was plunged through the vaginal cul de sac and a rush of white inodorous pus, confirmed his diagnosis. An injection of carbolic acid and rain water was then used, narcotic poultices applied over the abdomen, and opium internally to relieve pain. Sulph. quinia and other tonics were freely administered. On fourth day, tumor began to enlarge again, although the discharge continued per vaginam. On examination per rectum, the pressure ruptured the membranes and a discharge of pus followed the finger. She now began to improve with a good appetite, and after a few months is again about her ordinary domestic work.

Third case was that of a fracture of the lower jaw in two places, by kick of horse; one spicula of bone protruding through into the mouth. The interesting part about this case was the application of a new splint (invented by himself) of vulcanized rubber, made to fit the jaw inside and externally. After six weeks the splints were removed with entire satisfaction.

Dr. Willien, at the close of his report, presented the Society with two new splints for the forearm and the leg; these, for their simplicity and cheapness, as well as their real merits, were generally approved. Any physician, living near a tinner, could have them readily made. A trough-like arrangement, with an expansion for the hand and a perforated septum for the arm or leg to rest on, through which all the superabundant water and effete materials could pass, thence off at one end. A complete dressing could be effected without any disturbance of the limb.

After the reading of this paper, it was discussed by Drs. Swafford, Massie, Chambers, and others.

Dr. Swafford thought the excessive use of cold water, by a large part of the profession, and as recommended by some medical authors, not a very commendable treatment; many times producing bad results.

Dr. Massie's report on midwifery was next in order. This document consisted of the doctor's own views and how he would conduct labor. It gave evidence of much experience and thought, was practical and original, written

for the benefit of the young men in the profession, and abounded in ideas not to be found in books. The part referring to ergot, elicited debate from some few members, advocates pro and con, as heretofore. The report was well received and was requested for publication.

The semi-annual address was delivered by Dr. Swafford of New Goshen, Ind., and was listened to attentively. It covered much of the history of the profession from 450 B. C. down to the merest charlatan or Indian doctor of the present, showing, with reason, why impostors did, and the regular profession did not, advertise.

May 26. Society met according to adjournment at 8 o'clock, A. M.

Dr. Chambers, of Charleston, Ill., reported a case. Mr. C—, farmer, age 40 years, June 1, 1869, was driving into his barn on a load of door-frames, was caught between the load and roof. Was carried from his barn to his house, a short distance. It was found, on examination, that the last dorsal vertebra was dislocated, one of the ribs on left side fractured, and lower extremities paralyzed. Patient was chloroformed, and extension made and the luxation reduced; one or two of the processes of the vertebra above were thought to be fractured; a compress, with bands around the waist, secured the vertebra in place. Morphine was given to relieve the pain; in a few days, bromide potass. was commenced and continued in large doses. Urine had to be drawn by catheter. In six weeks strychnia was given, but, not agreeing with the patient, nux vomica was substituted. This remedy seemed to fail, and an electric battery was used for some months.

May 21, 1870. Saw Mr. C— to day, was sitting up in a rocking-chair, in which position he had been for some four hours. He weighed, when he received his injury, 160 pounds, was reduced in November last to 100 pounds, now weighs 125 pounds; he presents a healthy appearance, appetite sufficient, tongue clean, skin soft and warm to his toes; can now make partial flexion and extension of the left leg and slight motion with the right. Sensibility to the knee almost perfect; legs are proportionately smaller than his body; is nearly always admonished when it is necessary to urinate, yet cannot restrain it from passing; bowels rather torpid, thinks he can tell when he is going to have a passage, yet not always; has had, during the past winter, partial erections of the penis; pulse in sitting posture, 80 degrees, recumbent, 78; the case at this time is about "statu quo." It is interesting from the fact of its being the third on record. The doctor promised to keep watch over the case, and report to the Society in the fall as to its progress or condition. He then reported a case of gastrodynia as cured by sub. nit. bismuth.

A card was then read before the Society issued by one of its members: "Confidential Instructions given to the Married." "Dr. Davis has the only reliable and harmless preventive, (thereby interdicting the crime of abortion.) He also treats successfully all forms of private diseases, gonorrhœa, syphilis, leucorrhœa, painful menstruation, stricture, impotence, seminal weakness,

etc." Call at the —, room No. —, or address, box 451, Des Moines, Iowa, with 2 three cent stamps for reply."

The following was written on card: "25⁰⁰/₁₀₀."

He was expelled by a unanimous vote of the Society.

The following gentlemen were assigned as essayists at the fall meeting:

Dr. A. J. Miller, Paris, Ill., on Baths. Dr. J. B. Hedges, Clinton, Ind., Obscure Mararial Diseases. Dr. J. F. Price, Charleston, Ill., Improvements in Therapeutic Agents. Dr. B. F. Swafford, New Goshen, Ind., Wounds of the Knee Joint. Dr. H. H. Deming, Mattoon, Ill., Substitutes for Quinia. Dr. H. F. Harper, Marion, Ind., Best Manner of Building with a view to Ventilation. Dr. J. H. Apperson, Fillmore, Ill., the Sources of the Gastric Juice. Dr. J. R. Hinkle, Sullivan, Ind., Spinal Irritation.

The president then appointed the following gentlemen chairmen of standing committees:

Dr. G. W. Albin, Neoga, Ill., Surgery. Dr. L. L. Todd, Paris, Ill., Practical Medicine. Dr. Charles S. Johnson, New Goshen, Ind., Epidemics. Dr. E. B. Cannon, Tuscola, Ill., Midwifery. Dr. R. L. Waltons, Paris, Ill., Indigenous Botany.

Committee of Arrangements for next meeting: Drs. Apperson, Cannon, and Brinton.

Tuscola, Ill., was decided upon as the place for the fall meeting.

Dr. J. M. Hinkle, of Mattoon, Ill., brought up the question of paralysis, in connection with the building of the piers in the Mississippi river at St. Louis. The men having to work in a compressed atmosphere (under a pressure of about three atmospheres) were after a time (some in a few hours, others after a day or a week,) paralyzed. This led him to conclude that there was yet a frequent cause for this disease, not fully recognized by the profession. He thought if the external pressure exerted by the atmosphere was a cause of paralysis, as it seemed clearly to be in the above cases, then probably it acted conjointly with other common or recognized causes in everyday life, and his remedy would be to send such cases to more elevated localities, mountainous countries.

The time was so far gone that the debate on this question was cut short, and the Society adjourned to meet on the fourth Wednesday in October, 1870.

M. W. WILCOX, *Pres.*

WM E. HENRY, *Sec.*